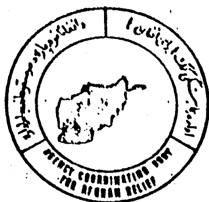


ACBAR

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AGENCY COORDINATING BODY FOR AFGHAN RELIEF

HEALTH SUB-COMMITTEE MEETING

Wednesday 6 March 1996

Chairman: Dr. I E Mirghani, ISRA

Minutes: Karim Rahimi, ACBAR

Present: Vagne Bruno, MSF. David Wickstead, MSF. Dr. Ahmadullah Ahmadzai, DACAAR. Dr. Reha, MMC. Dr. Isam Eldin Mirghani, ISRA. Dr. Mirza Jan, ISRA. Maliha Danish, UNDCP. Wasima Akbar, SGAA. Rahmatullah Kakar, HERC. M. Rashid, LBI. Sher Agha, LBI. Dr. Esmatullah, NAC. Dr. Eddie Ndaga, UNICEF. Sean Hewitt, HNI. Antony van der Bunt, HAF. A. Kayoum Malikzad, IHC. Azizullah Noor, SERVE. Dr. Anwarulhaq, IMC. Abdullah Qaderdan, ARC. Nancy H. Dupree ARIC/ACBAR

Absent:
ADS, AMA, AMI-A, ARF, ATA/AP, AVICEN, BEFARe, CHTG, ICD, IIRO, IRC/RPA, MRCA, NCA/NRC, ORA, RADA, RBS, SCA, WHO

I. Minutes of last meeting and agenda
The minutes of the last meeting and agenda were approved.

II. Announcements
DACAAR announced that the Health Education Section of DACAAR plans to conduct a base line survey in 3 Provinces in May this year. The survey is about general practices on the use of water for drinking, cooking, washing and cleaning. Water bound disease and the community's understanding of the relationship between water and disease. A Questionnaire has been developed to be used by the surveyors. Agencies with experience in similar projects were requested to share their expertise in revising the questionnaire.

HAF's announcement regarding contaminated bottles of Ampicillin sodium for injection labelled Shifa Laboratories in Lahore, Pakistan, is attached.

HNI announced that they are conducting a Malaria training course, in the eastern Provinces of Afghanistan as well as in Peshawar in the next three months. People will be trained in the prevention and treatment of malaria. If any agencies are interested they should contact HNI for further information.

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The representative of MSF in Jalalabad apologized for not being able to attend ACBAR Health Sub-committee meetings in the past. He announced that MSF closed one of its two clinics in Hada and started new projects with the MOPH in Jalalabad.

LBI queried the WHO policy on anti-TB drug supply to NGOs. LBI is currently running a 160-bed hospital in Paktia, but can barely supply the medicines the hospital needs.

III. Election of new Chairperson for 1996

ACBAR thanked Dr. Isam Eldin Mirghani, the outgoing chairman of the Health Sub-committee, for his hard work and valuable efforts. Dr. Mirghani proved to be an excellent and creative chairman.

After a short discussion, Dr. Mirza Jan from ISRA was unanimously elected as chairman of the Health Sub-committee.

Extending congratulations to the new chairman, the floor wished him every success in the future.
Dr. Mirza Jan thanked the floor and hoped to attain close support of the members, to carry on the task of leading the sub-committee successfully.

IV. Plan activities for 1996 for the committee

In order to make the sub-committee meetings more efficient and interesting, it was suggested that the committee should prepare a plan of activities for 1996 and draft a list of important topics to be discussed in future. Members of the committee were to provide ACBAR, at least one week before the next meeting, with their suggestions and list of particular issues to be included in the agendas.

Some topics such as: how to make the health programs sustainable; standardization of fees for health services; quality of medicine; etc., were mentioned as topics which need to be discussed.

V. Working Group

Giving a detailed explanation on the formation of the Working Group, the ex-chairman Dr. Mirghani, said that UNHCR maintained distribution of edible oil to vulnerable group in the refugee camps. This programme was connected to EPI, implemented through BHUs. UNHCR conducted a seminar at the end of October 1995 and after participating in the seminar it was felt that a number of agencies involved in such programs were not invited to the seminar and there is a gap between the activities in this side and that side of the border. In order to have a better coordination of the activities, UNHCR was invited to give presentation at the meetings. UNHCR was also contacted to attend the meetings and coordinate their program of edible oil distribution with other interested agencies.

The Working Group was formed to enable interested agencies come up with ideas and recommendations and discuss them to improve the coordination of activities. The group was to meet with UNHCR as a key member, but the Working Group meeting could not be arranged as the representative of UNHCR was not available despite several contacts.

Dr. Mirghani suggested that the item (Working Group) should stay in the agenda for the next meeting. ACBAR was asked to contact Dost Mohammad in UNHCR and request him to participate in the Working Group meeting.

VI. Any other business

Dr. Mirghani favored the meeting with some valuable suggestions, i.e. to invite Dr. Ahmad Abdul Rahman from MSF for the next meetings since MSF runs a very effective PHC programme; Dr. Gabriel in WHO should also be contacted to attend the next meeting and give a presentation not only on TB Drugs policy, as requested by LBI, but to give a presentation on their policy for 1996.

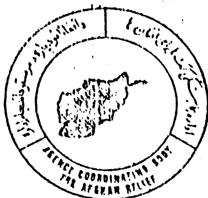
HNI reported that, some time ago, their office in Khost was requested by the Taliban to employ a Talib in their programme.

Following repeated meetings of ACBAR Executive Director and Programme Manager with the Taliban authorities in Kandahar and Khost, finalization of Rules and Regulations between Taliban and ACBAR is on the way and the issue will be cleared..

MSF introduced Mr. Vagne Bruno, guest participant, who has come from MSF - Geneva to visit MSF Afghanistan Programme. He attended the meeting to acquaint himself with the Health programmes of different agencies.

Having no other business the meeting was adjourned.

Next meeting of the Health Sub-committee will be **Monday 8th April, 1996 at 10.00 am, ACBAR Conference Room.**



ACBAR

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AGENCY COORDINATING BODY FOR AFGHAN RELIEF

MINUTES
HEALTH SUB-COMMITTEE MEETING
Monday 8 April 1996

Chairman: Dr Mirza Jan

Minutes: Liz Spencer

Present: Azizullah Noor, SERVE. Dr. Ahmadullah Ahmadzai, DACAAR. Dr Reha, MMC. Dr Roohullah Shabon, SCA. Abdullah Quderdan, ARC. N H Dupree, ARIC/ACBAR. Torill Iversen, NAC. Dr. Esmat, NAC. Dr Saadat, ICD. Baz Mohammad Ahedi, BEFARe. Dr. Mohammad Nadir, AMI. Dr Eddie Ndaga, UNICEF. Alexandra Simon-Taha, MSF-HN. Sean Hewitt, MSF-HN. Dr AnwarulhaQ, IMC.

Apologies Dr Toni, ORA. WHO, MSF,

Absent: ADS, AMA, ARF, ATA/AP, AVICEN, DCAR, HAF, IIRO, IRC, LBI, MRCA, NCA/NRC, ORA, RBS, SGAA, KRCS, UNHCR, HHC, WRC.

1. Minutes of last meeting and agenda

In the Minutes of the last meeting under Announcements, 4th paragraph, should read - MSF closed one of it's 3 (not 2) clinics in New Hadda and started 2 new projects with the MOPH in Jalalabad.

2. Announcements

MSF will be releasing the combined report of it's nutritional and health survey from New Hadda, Sarshahi, Jalalabad and Shenwar districts in the near future. A copy will be sent to ACBAR, a list was circulated at the meeting for those wishing a copy, ACBAR will forward this list to MSF. Anyone wishing to discuss the survey or any related nutritional issue can make an appointment at the MSF office on 14, 15, 16 April with nutritionist Ms Fitsum Assefa, who will be leaving for Ethiopia after this date. She plans to return in July to repeat the surveys.

ISRA Dr. Mirza Jan recently participated in an advance course on Addiction Rehabilitation, organised by the University Sains Malaysia in Panang, Malaysia. Dr. Mirza Jan would like to give a presentation on this to the committee at some time.

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3. Plan activities for 1996 for the committee

At the last meeting members of the committee were asked to forward their ideas to ACBAR for discussion at the Health Sub-committee meeting. Two organisations replied; DACAAR and MSF. The remaining organisations are requested to forward their ideas and suggestions to Liz at ACBAR as this topic will remain on the agenda for the time being.

DACAAR

i) Develop a standard drug list for different types of health facilities in Afghanistan such as; C3, C2, C1, Primary Care Hospitals and Provincial Hospitals.

Dr Anwarulhaq, IMC worked on this information some years ago and there are lists available, however they are probably out of date and in need of revision.

SCA were using these lists but found they needed to be modified. They have updated the lists themselves.

It was agreed that all NGOs using standardised lists, whether the old ones or updated ones, should bring them to the next meeting where they can be discussed. If necessary a Taskforce can be set up to revise and update the information.

ii) Revise and standardise the training curricula currently being used by various agencies/NGOs/organisations. Classify and define the various categories of health workers according to their qualifications and job descriptions.

Dr Anwarulhaq, IMC. About 1990 a Work Group spent approximately one year trying to standardise the curricula. This information should be with WHO.

WHO, UNICEF, UNHCR and MOPH will be contacted for any information they have on this subject. Once all information has been gathered it will be an agenda point for the committee.

All training organisations should be part of the discussions.

It was brought to the attention of the meeting that since MOPH does not recognise Basic Health Workers, revising and standardising curricula and job titles may cause some problems with them.

iii) Workshops and seminars, DACAAR would like to see more Workshops and Seminars being organised to exchange information.

After some general discussion it was agreed that if any organisation was conducting Workshops, seminars or courses and welcomed participation of others it should be announced at the beginning of the relevant meeting.

MSF

i) Guidelines on salary scales.

A lot of work was done on this in the past and should be on file with ACBAR.

This information will be circulated and discussed at the next meeting.

There may be some difficulty in implementing this policy with all organisations taking into consideration experience and province.

WHO and UNICEF will be asked for their input and cooperation.

ii) Fee paying at clinics and hospitals.

Fees should be charged to promote sustainability in clinics and hospitals. However it is difficult to standardise the amount to be paid as prices and standards vary so much from Province to Province. Returnees may also have problems in paying fees until they are settled and generating some income.

This should be discussed further and NGOs are asked for information on any system being used by them with a list of the advantages and disadvantages.

iii) The timing of the meetings is not very suitable for those who travel from Afghanistan to attend. Thursdays and Sundays are more suitable days. It was agreed that in future the Health Sub-committee would meet on Sundays at 2 pm.

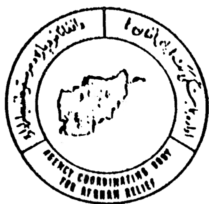
4 Working Group

The Working Group have not yet been able to contact the relevant representative at UNHCR, however the Chairman was recently given a name and will contact the person in question.

5 Any other business

There was no other business, the meeting was adjourned.

The next meeting of the Health Sub-committee will be **Sunday 5 May 1996 at 2 pm, ACBAR Conference Room.**



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AGENCY COORDINATING BODY FOR AFGHAN RELIEF

MINUTES
HEALTH SUB-COMMITTEE
Sunday 5 May 1996

Chairman: Dr Mirza Jan, ISRA

Minutes: Liz Spencer, ACBAR

Present: Dr. Saeed, SCA. Zamani, ARF. Abdul Rahim, ISRA. Azizullah Noor, SERVE. Faizullah Kakar PhD, WHO. Dr Reha MMC/ANCB. Marijke Koggel, MSF. Alexandra Simon-Taha, MSF-HNI. Sean Hewitt, MSF-HNI. Dr Esmat, NAC. B M Abedi, BEFARe. Dr M Shoaib Ahmadzai, AMI. Dr. Ab-Satar Talili, MRCA. Dr Saadat, ICD.

Apologies: David Wickstead, MSF.

Absent: ADS, AMA, ARC, ATA/AP, AVICEN, DCAR HAF, IIRO, IMC, NCA/NRC, ORA, RBS, SCA, SGAA, UNICEF, KRCS, UNHCR, HHC, WRC, DACAAR.

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1. Approval of the minutes of the last meeting and agenda.

The minutes of the last meeting were approved. It was suggested that point 4 of the agenda "Prioritise activities for 1996 for the Committee" should be postponed until the next meeting.

2 Announcements

Dr Kakar, WHO, referred to the point on the agenda on Standardising the Drugs List. He has requested a copy of an Essential Drugs List compiled approximately 2 years ago by the Afghan Ministry of Public Health and several experts from WHO, and suggests that we wait until we have this document before we embark on major discussions concerning possible changes in the recommended drugs.

MSF introduced Marijke Koggel, working with MSF Holland. Marijke will undertake a needs-assessment on MCH clinics in the Eastern Region of Afghanistan. A letter from Marijke is attached, briefly explaining the project and requesting information.

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Liz Spencer, ACBAR on a recent visit to Kabul had a meeting with Dr Barakzai, Ministry of Public Health. He has agreed to let the committee have a copy of all training curricula and drugs lists at present being used by his department. Once Working Groups have been set up to review the data MOPH would like to participate in the decision making and if they agree with the final papers Dr. Barakzai has promised that the present government in Kabul will officially recognise the training curricula and qualifications.

An unannounced visit was made to Hoechst Pharmacuticals in Kabul. The premises are very impressive in this almost devastated area of the city. Very strict hygiene is enforced and all machinery and rooms are cleaned after every 100 hours of production.

Samples of each batch of drugs are sent to API and Hoechst India for testing as well as testing them on the premises. The drugs are not released to the market until a good report is received from India.

At present they are producing 31 products (list attached) but would be prepared to discuss additional product production, after discussion and agreement with any interested parties.

All materials are imported from Germany and India and German pharmacists visit the factory from time to time.

Due to the security situation in Kabul the factory is only opened from 8.00 am to 2.00 pm and worth a visit.

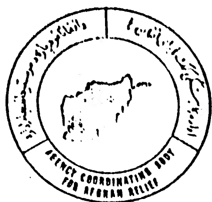
3 Presentation by Dr Kakar, WHO

Dr Kakar was asked to address the meeting on behalf of WHO/UNICEF on their Mass Immunisation Campaign, "MIC 96".

A Mass Immunisation Campaign was carried out in 1994/95 after much discussion concerning the safety of the health workers while there was still so much fighting going on. One opinion was that they should wait until the war was over, another opinion was that it should go ahead otherwise there was the risk of losing approximately 150 children per day. It was decided on balance that although they did risk losing some of their workers they would infact be saving the lives of many children.

Leaders in the war areas were approached and a ceasefire requested during the days of the campaign, although these leaders agreed to cooperate there was no promise of a ceasefire, however during the days of the campaign there was little or no fighting in the affected areas.

It was then to be decided which vaccines should be given. Iran donated Polio vaccine and personnel to help with the work. Since many children would be brought together, who were not normally in



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AGENCY COORDINATING BODY FOR AFGHAN RELIEF

MINUTES
HEALTH SUB-COMMITTEE
Sunday 2 June 1996

Chairman:	Dr Mirza Jan, ISRA
Minutes:	Liz Spencer, ACBAR
Present:	Aliu Bello, UNICEF,. Dr. Afsm, AFR. Dr Zaghenia, AFA. Erick Vloeberghs, MSF-H. Marijke Koggel, MSF-H. Abdullah Qaderdan, ARC. A S Zamoni, AMA. Gijs de Graaff, AMA. Azizullah Noor, SERVE. Dr. Saadat, ICD. B M Abedi, BEFARe. Dr. Roohullah, Vice Chairman, SCA. Dr. Farid Bazger, ORA. Abdul Rahim, ISRA.
Apologies:	Sean Hewitt, MSF.
Absent:	ADS, ATA/AP, AVICEN, RADA, HAF, IIRO, LBI, MMC, NAC, NCA/NRC, RBS, SGAA, WHO, UNHCR, HHC, WRC, DACAAR.

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1. Minutes of last meeting and Agenda

MSF commented on the polystyrene beads mentioned at the last meeting. These beads are only of use in enclosed areas such as; flooded pits, latrines and cellars, they cannot be used in the open as they are so light weight they would be blown away by wind.

WHO, Dr Kakar, in reference to the MIC programme, did not say that the timings were not fixed but did mention that the second round is dated to coincide with the Atlanta Olympics.

There were no further comments on the previous minutes. The agenda for this meeting was approved.

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2. Announcements

MSF - Holland in a letter to the committee, announced that Mr Richard Bedell, Project Coordinator, Kandahar would be replaced by Mr Omar Mall who is due to arrive mid-June. Mr Bedell thanked everyone for their support and hoped the same support would be extended to his replacement.

MSF - Holland, Jalalabad. Mr Erick Vloebergh has just arrived and will be the Project Coordinator in Jalalabad.

MERLIN are in the process of setting up an office in Badakshan. Their programme will concentrate on Primary Health care and Extended Programme of Immunisation. They would like to coordinate with any other Health Agencies operating in this area.

3. Progress in MIC 96.

Mr Bello, UNICEF gave the meeting a brief overview of the progress made so far in the MIC 96.

The Technical Coordination Committee, who meet every week, reported that all activities are running smoothly and as planned. Supplies are being moved by road and air and most have reached the Regional distribution centres.

The training of trainers has been completed and they are now training staff at Regional and District level.

Social Mobilisation has started but more help is always needed to convince mothers of the importance of vaccination. Posters and banners, advertising the campaign are being printed ready for distribution, week commencing 3 June 1996. The BBC are broadcasting messages to the community during their programmes both on radio and TV.

Support from the aid community has been extremely good. NGOs are supporting UNICEF and WHO in various ways. All UN agencies have agreed to assist with transportation, if at all possible. More support is always welcome and needed.

The biggest problem to date is, trying to reach and agreement with all parties for a period of tranquillity. WHO have sent a representative to Kabul, Kandahar, Mazar and Jalalabad requesting an agreement for a cease fire. All parties contacted have agreed that the campaign should go ahead but none have yet announced, publicly, that they will end hostilities for the period of the campaign. UN agencies are still pursuing this so that mothers can leave their homes and travel to the centres without fear.

Coordination meetings are being held regularly at Regional level. So far 260 districts are accessible, but if a period of tranquillity is agreed it may be possible to reach more.

		oral solution,5mg (as hydrochloride)5/ml injection, 5mg (as hydrochloride)/ml in 2ml ampoule				
2	promethazine	tablet, 10mg,25mg (hydrochloride) syrup, 5mg(hydrochloride)/ml injection, 25mg (hydrochloride)/ml in 2ml ampoule				

Antihaemorrhoidal drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	local anaesthetic,	ointment or suppository astringent and anti-inflammatory drugs				

Antispasmodic drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	hyoscine	tablet, 10mg (butylbromide) injection, 4mg (butylbromide)/ml in 5ml ampoul				

Compound preparations of hyoscine are not advised.

Cathartic drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	senna	tablet, 7.5mg(sennosides)				

Drugs used in diarrhoea

Oral rehydration

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	oral rehydration salts	powder, 27.9 g/l				
	Components	*g/litre*				
2	trisodium citrate dihydrate	2.9				
3	glucose	20				
4	potassium chloride	1.5				
5	sodium chloride	3.5				

16. Hormones, other endocrine drugs

Adrenal hormones and synthetic substitutes

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	hydrocortisone	powder for injection, 100 mg (as sodium succinate) in vial				
2	prednisolone	tablet, 1 mg, 5 mg				

International media will be present during the first round of the campaign. They will film parts of the campaign in Kabul and Mazar as well as some sporting activities, to be organised. This film footage will be shown during the Atlanta Olympics, to try and generate more sympathy and funding for Afghanistan.

When asked what was being done about the Provinces where there was no access, due to closed roads/fighting. UNICEF and other UN agencies are continuing talks with the authorities in these areas. However, if the roads are not open soon there will be no time to move supplies and set up cold chains etc... It may well be considered to run the campaign in these areas a day or two later, if the roads are opened.

In answer to a question on record keeping. Cards are issued for the vaccines that are important to keep a record of but things like polio, which can be taken safely, more than once are not always recorded. To find out how much of the country is covered by the campaign feed back is needed from the centres as a survey would prove time consuming and expensive.

All NGOs who are involved in this campaign are asked to bring a short report to the next Health Sub-committee meeting, on the numbers of vaccines used, the areas reached and the reactions of the community. This information would help establish approximately how much of the population is reached in the first round, before the second round commences. It may also help in targeting groups not yet attending.

A report will be given at the next meeting of the Health sub-committee on the result of the campaign and the preparedness for the second round.

4. Plans for 1996

SCA have been in touch with the Ministry of Public Health, who have agreed to test their health workers and if they pass the examination they will be recoginsed by and able to work for the MOPH.

This leads to the updating of the curricula in Afghanistan. Once most of the curricula or training outlines have been received, a work group will be set up to undertake an initial study of the material. This group will present their recommendations to the Sub-committee for further discussion. Copies will be sent to ACBAR office in Kabul and MOPH Kabul. A joint meeting would then be set up for more discussion and hopefully, agreement. It is therefore requested that **all agencies involved in the training of health staff send an outline of their training plan** to Liz at ACBAR.

UNICEF are interested in participating in the work group and WHO will be approached for their support.

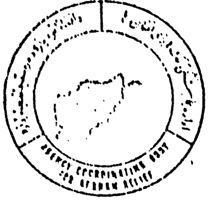
These curricula and job descriptions may have to be adapted to suit a particular Province but guidelines are needed.

Drug List: Copies of the National Drug List of Essential Drugs, May 1995 will be circulated for comment at the next meeting.

5. Any other Business

Agencies are requested to send someone with the authority to make decisions to these meetings. It was commented that there should be consistency in the person attending and not vary from meeting to meeting as this leads to confusion and time wasting.

Next meeting will be **Sunday 7 July 1996, 9.00 am** at ACBAR.



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AGENCY COORDINATING BODY FOR AFGHAN RELIEF

HEALTH SUB - COMMITTEE MEETING

Held on 4 August 1996

Welcoming the participants, the chairman requested the members to be on time for the meetings.

I. Approval of the agenda and minutes of the last meeting

Agenda:
Approved.

Minutes:
The word "Kabul" should be removed from the last sentence, first paragraph, under item # 4 in the last page of the minutes.

II. Announcements

BEFARe, based on an announcement in the last minutes, has prepared some documents to be forwarded to the Norwegian students. The report was submitted to ACBAR.

BEFARe has started a new programme under which 24 home-schools have been established in 8 camps. This programme, including a total number of 765 students, provides education for those girls who cannot go out to schools.

III. Discussion on Work Group meeting

Report of the first Work Group meeting was circulated to the participants and some time was allowed to read it. Some questions regarding the objectives and terms of reference for the Work Group that arose from the floor were responded by Dr. Esmatullah, a member of the group.

The report is attached for the absent agencies who did not receive it.

The objectives of the Work Group were partially amended and proposed to the working group as follow:

- Develop a suitable drug list/kit based on Primary Health Care and "**health problems of the country**".

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- "Prepare" a guideline on the rational and correct use of drugs, especially in children and pregnant women.

REVIEWING TERMS OF REFERENCE

The Terms of Reference were reviewed as follow:

1. Approved.

2. Revised as "Determine the type of drugs suitable for specific health facilities at village, sub-district, district, Provincial and Regional level within the Minimum Primary Health Care framework."

3. Not clear. The phrase "training levels" was not understood.

4. Approved.

5. Approved.

6. Slightly revised as "Work closely with another Work Group who will be revising the training standards."

7. Approved.

8. Approved.

9. Approved.

It was commented that the Work Group members have so far been inattentively attending the Work Group meetings. The second meeting of the Group was canceled due to poor participation.

It was decided that:

One: Agencies should be asked to send their drug lists to provide raw materials for the Work Group discussion.

Two: The Work Group member agencies should be re-contacted to nominate a suitable person who should regularly participate in the meetings of the Work Group.

A question arose regarding another work group to revise training standards. The members agreed on the need for such work group. This issue will be further discussed in the next meeting.

NEXT MEETING: THE NEXT HEALTH SUB-COMMITTEE MEETING WILL BE HELD ON SUNDAY 8 SEPTEMBER 1996 AT 2.00 PM IN ACBAR.

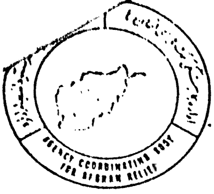
Chairman : Dr. Mirza Jan, ISRA
Minutes : A. Jawed Ludin, ACBAR

Participants:

-	Zalmai Karimi	AMI
-	Taroon	AMA
-	Abdullah Qadardan	ARC
-	Dr. Roohullah Shaban	SCA
-	Dr. Mohd. Saleh	MSF/HNI
-	Dr. Esmatullah	NAC
-	Baz Mohd. Abedi	BEFARe
-	Azizullah Noor	SERVE
-	Dr. Mirza Jan	ISRA
-	Dr. O. Habib	LDI
-	Ahmad Jawed	ACBAR

Absent: (According to the revised list)

Afghanaid, AFRANE, AGHCO, AOGH, ARO, AVICEN, AWRC, BDA, CBR, CCA, CHA, CoAR, ECAR, GAF, GRC, HAF, HCI, HELP-G, HHC, ICD, ICRC, IFRCS, IIRO, IMC, IOC, IRC, IRC/HERC, IRC/RPA, KRCS, LBI, MSF, NCA/NRC, ORA, OV, OXFAM, RADA, SGAA, SRCS, UAAR, UNDCP, UNHCR, UNICEF, US-Consulate, WHO, WRC



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AGENCY COORDINATING BODY FOR AFGHAN RELIEF

Health Sub-committee Working Group

Meeting held at ACBAR Monday 22 July 1996

As agreed at the last Health Sub-committee meeting the above group met to discuss the Terms of Reference to be applied while reviewing the Essential Drugs List and Minimum Primary Health Care.

The undernoted Terms of Reference will be discussed with the full group at the next meeting and put before the Health Sub-committee for their approval.

Objective

The objective of the Working Group is to:

- Develop a suitable drug list/kit based on Primary Health Care and the Pathology of the country.
- Produce a guideline on the rational and correct use of drugs, especially in children and pregnant women.

Terms of Reference

1 Review all available data and documentation of the drugs in use in Afghanistan.

2 Determine the type of drugs suitable for specific health facilities at district, Provincial and Regional level within the Minimum Primary Health Care framework.

3 Compare lists of drugs relevant to training levels.

4 Develop guidelines for conducting training for the rational use of drugs at all levels of health care from community upwards.

5 Look into the usefulness and effectiveness of medical kits in use by different organisations.

6 Work closely with the Work Group who will be revising the training standards.

7 Allocate drugs to categories taking into account; skills, knowledge, level of training etc.

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8 The Working Group will provide information on their progress and seek guidance and advice from the Health Sub-committee on a regular basis.

9 Make recommendations on which drugs should be made available free of charge. These would be priority drugs for basic health care.

It was also agreed at the meeting that the participants should meet regularly. It will not be necessary to publish a report of each meeting, only when a decision has been made.

The next meeting of the Working Group will be held on **Sunday 28 July 1996 2.00 pm ACBAR Conference Room.**

Present

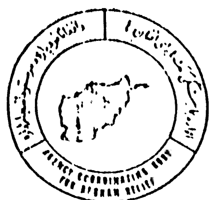
Anne Billaz	AMI
Dr Shoaib	AVICEN
Dr Mubarak	UNICEF
Dr. Esmatullah	NAC
Liz Spencer	ACBAR

Agenda for the next Meeting

1 Review Terms of Reference.

2 Determine members commitment.

3 Elect a Chairperson/spokesman.



ACBAR ای سی بی ار ای آر

AGENCY COORDINATING BODY FOR AFGHAN RELIEF

MINUTES HEALTH SUB COMMITTEE

8 SEPTEMBER 1996

Chair: Dr Roohullah Shabon, SCA, Vice Chairman

Minutes: Liz Spencer, PA to Executive Director

Present: Dr Rena, AIL. Parwin Rahim, AIL. Azizullah Noor, SERVE. Dr M Farid Bazger, ORA. Dr Zabihullah, ICD. Dr Esmatullah, NAC. Oddvin Forbord, NAC. Dr Shoaib, AVICEN. Dr Mohammad Nader, AMI. B M Ahidi, BEFARe. Abdul Rahim, ISRA. Dr Abdul Satar Jalili, MRCA. Dr C Kabiz, LDI. Mohammad Bashir Banekzai, RADA.

1. Approval of the minutes of the last meeting and agenda.

With reference to the information sent to the Norwegian Students NAC would like a copy of this.

2. Announcements

RADA have recently opened a new Dental Clinic in Kandahar. The equipment was donated by NCA/NRC. They are also running training refresher courses in Jalalabad and Kandahar. Doctors and nurses are also being trained in Home Services.

RADA were requested to pass on more details of their training to the Health Sub Committee, i.e. number of students, details of curiculum, duration of course, how many courses per year, level of student education required and if they coordinate with other organisations.

3. Work Group Drugs

The Work Group on Standardisation of Drugs list tried to meet but due to poor participation the meetings were cancelled.

The Vice Chairman pointed out that there is a strong need for an updated and standarised list of drugs. This was supported by the members based on the fact that a Work Group was established.

There is suffcient material available, from WHO and NGO lists, the Work Group should continue and complete the task set.

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Organisations are once again requested to send a responsible person to meetings and those involved in the Work Group are requested by the sub committee to commit themselves to the task or hand it over to someone else within their organisation.

It was suggested that rather than try and complete the work at short meetings that four days should be set aside and the group concentrate on their task.

Liz will speak to UNICEF, WHO and MOPH Kabul and try to finalise a date.

4. Training Work Group

It was agreed not to form this group until all the information has been collected. WHO and other training agencies already have training guidelines and curricula for differnt level and type of health workers. Most of these have been tested in teh field and would be a useful basis for the working group to start. When this group is formed the members must be prepared to commit themselves, long term.

Respresentatives of WHO, UNICEF, MOPH and NGOs should be included in this Working Group.

Curiculi will be forwarded by:

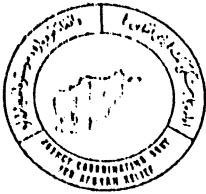
MRCA, ISRA, AVICEN, AMI, BEFARe, SCA, SERVE, ICD, AIL.

Liz will check what is available in ARIC library and contact Dr Anwa, IMC.

5. Any other business

MRCA are about to implement a new training programme, details were distributed at the meeting and are available from MRCA office. NGOs are welcome to register students on these courses, for further information contact MRCA.

Next meeting will be held on **Sunday 6 October 1996 at 2.00 pm ACBAR Conference room.**



ACBAR ای سی بی ای آر

AGENCY COORDINATING BODY FOR AFGHAN RELIEF

MINUTES HEALTH SUB COMMITTEE

6 OCTOBER 1996

Chairman: Dr Mirza Jan, ISRA

Minutes: Liz Spencer, PA to Executive Director

Pesent: Abdul Kayoum Malekzad, HHC. Moh'd Bashir Barekzai, RADA. Baz Mohammad Abedi, BEFARe. Dr D Hiduyat, SERVE, Niekie Waaring, SERVE. Dr G Rasool Zabeer, AGHCO. Dr Mohammad Nadir, AMI. Abdullah Qaderdan, ARC. Rahmutullah Kakar, HERC. Nacy Hatch Dupree, ACBAR/ARIC. Parwin Rahim, AIL, Dr Rena, AIL. Dr G Habib, LDI.

1. Minutes of the last meeting and Agenda

Minutes of the last meeting and agenda were approved.

2 Announcements

At the last meeting RADA announced they were running refresher courses for Dentists in Jalalabad and Kandahar. They were asked to provide more detail and did so at this meeting.

The duration of the course is two months, covering practical work and theory. Each course will take up to 20 students. They are open for all organisations; NGOs, MOPH and private clinics. Students must be qualified dentists. Both courses are for male students only. No accommodation, food or transport is provided.

RADA would like to expand and provide these courses for more students. They are also trying to set up a more advanced course with the German Dental Association. This course would be more advanced than those presently being run and only specialists would be suitable students.

They were asked why there were no women's courses. They are discussing this matter with the Taliban in Jalalabad, who say they are in favour of female health workers. The other possibility that they may look into is, running a course in Peshawar.

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Insulins and other antidiabetic agents

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	insulin	injection, 40 IU/ml in 10 ml vial, injection (soluble) 80 IU/ml in 10ml vial				
2	intermediate acting	injection,40 IU/ml in 10 ml vial, insulin80 IU/ml in 10-ml vial(as compound insulin zinc suspension or isophane insulin)				
3	metformin	tablet, 500mg (hydrochloride)				

Progesterons

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	norethisterone	tablet, 5 mg				

Thyroid hormones and antithyroid drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	levothyroxine	tablet, 0.05mg,0.1 mg(sodium salt)				
2	potassium iodide	tablet, 60 mg				
3	propylthiouracil	tablet, 50 mg				

17.Immunologicals

Diagnostic agents

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	tuberculin, purified	injection protein derivative (PPD)				

(To be used in the presence of Anti-tubercluosis programmes)

Immunglobulins

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	antitetanus	injection immunglobulin (human)				

Vaccines supply should be in line with national Extended Programme of Immunisation (EPI).

18. Muscle relaxants(peripherally acting)

anticholinesterase

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	neostigmine	tablet, 15 mg(bromide)				

3 Report - Working Group, Drugs

There were no members of the Working Group present. ACBAR will contact them and arrange a meeting.

Liz Spencer had a meeting with Dr Barakzai, former Minister of Public Health in Kabul. Dr Barakzai was in some respects in favour of upgrading Drugs Lists and Training Curricula but suggested that the Working Groups submit Proposals to him. He also stated that he expected all participants of these groups to be Professors. New negotiations will have to be undertaken at a later date with the MOPH.

The question posed was should the groups continue with their work considering the recent changes.

It was agreed by the sub-committee that the work is important. Ideally the MOPH should be involved but even if they are not the information is needed for organisations in the Health Sector.

4 Present situation in Afghanistan

HHC were in Kabul discussing with other organisations the possibility of reopening its clinics. The Taliban situation has put a premature end to this plan.

AMI reported that since women were not allowed to work many clinics were closed.

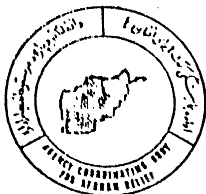
Negotiations should be undertaken with the Taliban to allow women back to work. Health care is a necessity for all sectors of the public.

5 Any other business

There was no other business, the meeting adjourned.

Next meeting:

Sunday 3 November 1996 at 2.00 pm ACBAR Conference room.



ACBAR

AGENCY COORDINATING BODY FOR AFGHAN RELIEF

HEALTH SUB COMMITTEE

10 November 1996

Chairman: Dr Mirza Jan, ISRA

Minutes: Liz Spencer, PA to Exec. Director

Present: Parwin Rahim, AIL. Toc Dunlap, CHI. Haji Omara Khan, AABRAR. Abdullah Qaderdan, ARC. Barekzai, RADA. Dr Shoaib, AVICEN/IbnSina. Dr Esmatullah, NAC. Dr M Farid Bazger, ORA. B M Abedi, BEFARe. Dr Moh'd Saeed, SCA. Azizullah Noor, SERVE. A Kayoum Malekzad, HHC. Dr Saadat ICD.

1. Minutes of last meeting and Agenda

Minutes of the last meeting and the Agenda were approved without comment.

2. Announcements

Toc Dunlap, Executive Director, Creating Hope International (CHI) introduced herself. CHI is a donor of Afghan Institute of Learning (AIL) and are here to support and assist in setting up their programmes in Education. They also cover health education in primary schools and teach health educators.

SERVE Public Health department office is now based entirely in Jalalabad.

AABRAR are organising a bicycle race for the disabled. This will take place on 3 December 1996, International day of the Disabled. The race is on the Jalalabad to Torkham road, starting in Jalalabad. There are four categories of entrants; below the knee amputees, above the knee amputees, double amputees and children. Any support would be welcomed.

WHO have issued a questionnaire to help establish disease surveillance. All health organisations are requested to complete this form and return it to WHO as soon as possible, copy to ACBAR. Copy attached.

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3. Report - Working Group, Drugs

It was emphasised that key agencies should attend the meetings of the Working Group when arranged. There must be a commitment from all participants.

In reference to the minutes of the last meeting, where a meeting with Dr Barakzai, MOPH, Kabul was reported. Dr Barakzai insisted that the Working Group is made up of Professors. The definition of Professor was requested.

There was some discussion on this point until Dr Barekzai, RADA explained how this was defined in Afghanistan. At Universities there are Pohands, there are five levels of Pohand, the highest being Professor. To attain this level the Pohand must have written a book or relevant paper. This would then be discussed and agreed by a board before the Pohand reached the level of professor.

Further reference was made to the minutes of the last meeting where it would appear that the MOPH, Kabul were unwilling to participate in the Working Group. It was agreed that the work should still go ahead and ACBAR will contact the new Minister of Public Health to request their support.

It was also suggested that ACBAR contact Professor Ghazanfar of WHO and request his participation. If MOPH insist on having Professors this may give the Working Group more credibility.

Rather than meet for one or two hours once a week it was agreed the Working Group should dedicate a full week and complete the task.

ACBAR will try to arrange funding, venue and a final date. The date chosen was second week of December. Participation will be requested from MOPH and Universities.

4. Current Situation

The current situation in Afghanistan varies from area to area. It very much depends on the local authorities, who can work. There is, as yet, no central policy for Afghanistan.

Some female health workers are afraid to travel to work without an official letter from the local authorities.

ACBAR will address this problem in Kabul. The central authorities will be requested to instruct the local authorities to issue letters of approval for health workers.

5. Any other business

The chairman had a meeting with WHO Malaria Consultant, last week. According to him there has been a marked increase in the number of malaria cases in Nazian and neighbouring districts, Nangarhar Province.

WHO via members of Regional Management Teams want to establish malaria sub-committees. These sub-committees would be in; Mazar, Kunduz, Kabul, Nangarhar, Herat, Kandahar and Ghazni.

The aim of the sub-committees is to standardise data collection and treatment of malaria. All health organisation are requested to attend the meetings in their area of operation.

WHO are prepared to train all levels of health workers and to supply some medication.

AIL are preparing to implement a health programme and would be grateful of any help available. They are in need of education materials, charts, laboratory equipment, medical kits etc.

SERVE will contact AIL and discuss their needs further.

If any organisation can assist please contact Parwin Rahim at AIL.

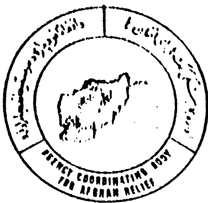
Paktika On a visit to this Province, by ACBAR, it was discovered that there are no womens health care facilities. Head of Administration of the Province has requested TBA training. He will try and organise 20 - 30 women if any organisation would be prepared to train these women.

SCA will contact the authorities in Paktika and discuss the matter with them.

Next meeting of the Health sub-committee will be:

Sunday 15 December 1996

2.00 pm ACBAR Conference 2



ACBAR — ای سی بی ای آر

AGENCY COORDINATING BODY FOR AFGHAN RELIEF

HEALTH SUB-COMMITTEE MEETING

Held on 15 December 1996

Due to absence of the chairman, the deputy chairman, Dr Rohullah - SCA, presided over the meeting.

1. **Minutes of the last meeting and agenda**
   Both the minutes and the agenda were approved.

2. **Announcements**
   No anncouncements.

3. **Report - Working Group, Drugs**
   Dr Esmat, NAC, who was a member of the Working Group and had attended the one week workshop on drug standardization, was requested to briefly report on the workshop and its outcomes.

   Dr Esmat gave detailed background on the issue of revision of drug lists. The Working Group consisted of representatives from SCA, NAC, AMI, ISRA, UNICEF, WHO and MOPH. Dr Esmat briefed the floor on what work the assigned Working Group did in the last week workshop in Pearl Continental, Peshawar.

   The Working Group was able to finalize list of essential drugs for different levels of health facilities in Afghanistan. Besides, a series of recommendations for agencies providing health services were worked out and included in the output of the workshops.

   A report of the workshop, with attachment of the output lists and recommendations, is being worked on and will be made available to the sub-committee members in January. The drug lists will be presented to the next meeting of the sub-committee for approval.

4. **Current situation**
   Under this item of the agenda, the participants viewed that security in many areas of Afghanistan has become good, and most of the access ways are safe and secure.

5. **Any other business**

* The representative of HHC called on agencies for assistance. He said that HHC, which was estalished some years back to provide free health services and medicine to Afghan refugees in Pakistan, is now facing severe need of funds. The personnel of HHC work in the poorest possible conditions.

** A list of instructions forwarded to NGOs by Ministry of Public Health in a meeting, recently, held in Jalalabad Public Health Hospital, Jalalabad, was received by ACBAR. ACBAR, in reply has sent a letter to the authorities. **Copies of ACBAR's the letter and list of instructions are attached.**

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*** A request for a hospital establishment, from the authorities of Spin Boldak district, Kandahar, was read out to the floor. **Copy of the request is attached.**

Having no other business, the meeting adjourned.

NEXT MEETING: WILL BE ANNOUNCED LATER IN JANUARY.

Chairman : Dr Roohullah Shaban, SCA
Minutes : Ahmad Jawed Ludin, ACBAR

Participants:

- Dr Roohullah Shaban, Asst. Cheif Technical Advisor, SCA
- Dr M Shoaib Ahmadzai, Training Advisor, AMI
- Abdul Rahim, Monitoring Officer, ISRA
- Dr Gul Habib, Senior Medical Officer, LDI
- Dr Roze Khan, Director, AABRAR
- Dr Esmat, Doctor, NAC
- Dr M Farid Bazger, Doctor, ORA
- Barekzai, Deputy Director, RADA
- Baz Mohammad Abedi, P/O Female Section, BEFARE
- M Kayoum Malekzad, Supervisor, HHC
- Dr Sadaat, ?, ICD

Appologies:

Dr Mirza Jan, ISRA

2.96

TALIBAN - NGO MEETING :

According to the written instructions of the Ministry of Public Health, a meeting was held on 5.12.96. It was chaired by the technical and administrative in-charges of the Public Health Hospital.

The followings instructions were issued to the NGOs participating in the meeting:

1) The Health Section of each NGO should hand over a copy of it's complete organization to the Public Health Director in Jalalabad.

2) Any recruitment and employment in the Health Section should be done by a combined commission (ie both from the Public Health Hospital and the NGO Health Section authorities).

3) One representative of the Talibans will be introduced to each NGO to supervise and control the activities (paid by the NGO).

4) A complete list of equipment issued to the clinics should be given to the Public Health Director.

5) At termination of activities, the equipment should be handed over to the Public Health Hospital.

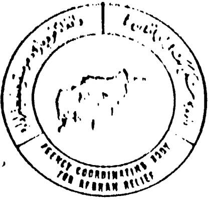
6) Each internal or external mission visiting an NGO should be reported in advance to the Talibans.

7) There should be monthly meetings for mutual co-operation and co-ordination.

8) An activities report should be sent to the Public Health authorities at the end of each month.

9) All NGOs are again requested to double their output.

10) The Public Health Hospital authorities in Jalalabad are prepared to extend their full support and co-operation to all NGOs and to accept and solve any problems forwarded by the NGOs to them.



ACBAR

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AGENCY COORDINATING BODY FOR AFGHAN RELIEF

For the Taliban Authorities
East Zone

Dear Sir,

Re: Taliban Instructions issued by the Ministry of Public Health

I have recently received a copy of the instructions apparently issued by the Ministry of Public Health to the NGO community involved in the Health Sector.

ACBAR is an NGO Coordinating Body with some 73 member agencies. For some time we have been discussing Rules and Regulations with the Kandahar Taliban authorities. We have indicated to the Kandahar authorities that firstly the NGO community is willing to carry on its work in all areas of the country provided they receive the cooperation and support necessary to enable activities to be maintained.

However, the aid community as a whole under no circumstances will accept Rules and Regulations which it cannot comply with. I would like to stress that the so-called instructions issued at the meeting of 5 December are unacceptable and ACBAR will strongly advise its members that they cannot comply with them.

However, the NGO community does wish to participate in the provision of aid for the benefit of Afghan communities and is willing to cooperate fully with the authorities, under reasonable conditions and on the basis mutual respect.

On the main points of the instructions, I would like to make certain comments:

- Recruitment and employment - hiring and firing of staff is purely at the discretion of the NGO, under its own terms and conditions; no interference by the authorities in employment policies can be entertained; the donors provide the funds necessary and will not consider funding additional unnecessary staff;

- Taliban Representative - under no circumstances will the aid community accept either the additional employment of Taliban personnel within their organizations or the fact that such employees are to be taken on as supervisors of activities; the donors are not willing to pay for staff outside of agreed staff levels and the idea of supervision by these persons is completely out of the question;

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- Equipment - the disposal of any equipment provided by donors to agencies for work is at the sole discretion of the donors. The authorities have no right to such equipment unless such disposal is agreed by the donors;

- Internal/External Missions - except for security purposes, NGOs cannot be expected to inform the authorities of such visits. Agencies should be permitted to undertake their work in complete freedom;

- Monthly Reports - regular reporting is acceptable but monthly reporting is unnecessary and time wasting; a three month or six month reporting time-frame would be considered more reasonable.

If the authorities have any interest in the activities of the NGO community and the work done for Afghans then they should be willing to extend their assistance without imposing unacceptable and unworkable rules and regulations.

ACBAR is willing to visit Jalalabad in the near future to discuss the situation. In the meantime, we have passed copies of this to agencies and strongly advise them to continue working but not to comply with these instructions, until further discussion has taken place and the issues resolved.

Yours faithfully,

pp.

Charles A MacFadden
Executive Director

TALIBAN ISLAMIC MOVEMENT OF AFGHANISTAN

Spin Bodak, Kandahar Province

To: ACBAR Director

Assalamu Alaikum,

There is a big need for a hospital in Spin Boldak district, Kandahar. Your attention in this regard is requested.

For Health Sub-committee

		injection, 0.5mg, 2.5 mg (metilsulfate) in 1-ml ampoule				
2	pancuronium	injection, 2mg(bromide)/ml in 2ml ampoule				
3	suxamethonium	injection, 50 mg (chloride)/ml in 2-ml ampoule powder for injection, (chloride)				

19. Ophthalmological preparations

Anti infective agents

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	gentamicin	solution,(eye drops), 0.3%				
2	silver nitrate	solution,(eye drops), 1%				
3	tetracycline	eye ointment 1%, (hydrochloride)				

Anti inflammatory agents

(To be used in the presence of Ophthalmology Department)

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
[illegible]	prednisolone	solution,(eye drops), 0.5 %				

Miotics and antiglucoma drugs

(To be used in the presence of Ophthalmology Department)

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	acetazolamide	tablet, 250 mg				
2	pilocarpine	solution,(eye drops), 2%, 4%(hydrochloride or nitrate)				

Mydriatics

(To be used in the presence of Ophthalmology Department)

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	atropine	solution(eye drops),0.1%,0.5%, 1%(sulfate)				

20. Oxytocics and antioxitocics

Oxytocics

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	ergometrine	tablet,0.2 mg(hydrogen maleate) injection, 0,2 mg(hydrogen maleate) in 1-ml ampoul				
2	oxytocine	injection, 10 IU in 1 ml ampoule				

ACBAR
HEALTH SUB-COMMITTEE MEETING
Sunday 22 January 1995

By Shafiq Ahmad

<u>The Present:</u>

- Dr. Anwarulhaq (CHAIRMAN)	IMC
- Maliha Danish	UNDCP
- Dr. Runa	WHO
- Mrs. R. Teeuwen	SERVE
- Antony Van Der Bunt	HAF
- Disa Ornset Prois	GTZ/BEFARe
- Dr. Mirza Jan	ISRA
- Graham Longdon	SGAA
- Wasima	SGAA
- Dr. Obaidullah Marial	UNICEF/APO
- Dr. M. Shoaib Ahmadzai	AMIA
- Dr. Ahmadullah Ahmadzai	AVICEN
- Dr. Saeed	SCA
- Dr. Ruhullah	SCA
- Dr. Khaled	MSF
- Fayyaz Gill	CARITAS
- Dr. Baryalie Nabizada	ANH
- Dr. A. M. Saadat	ICD
- Dr. Akbari	IRC
- M. Sami	ARC
- Kamal S. Mustafa	IIRO
- Shafiq Ahmad	ACBAR

* * * * * * * * * * * * * *

I. <u>Approval of the agenda and Minutes of the last meeting</u>
The agenda and minutes of the last meeting were approved.

II. <u>Announcements</u>
Dr. Anwarullhaq, Director IMC and Chairman ACBAR Health Sub-committee, announced his resignation from the Chairmanship of the Sub-committee.

IMC announced that they are planning to transfer their 30-bed Qarabagh hospital to any interested organizations. It has almost all the facilities and is very well-equipped. This hospital treats an average of 4000 patients/month. The building of the hospital has been built by IMC and has four blocks. Furthermore, it has training facilities and has been supplied for 1995.

US$ 4,300 is the monthly running cost of the hospital; out of which US$ 700/month could be generated through fee for services - introduced by IMC. Interestingly, no single problem has been experienced during the two years of operating this hospital. Local authorities have been very cooperative towards the hospital.

Apart from covering Qarabagh district, other neighboring districts of Kabul are also being covered by the hospital.

Agencies interested to take over the hospital should contact Dr. Anwarullhaq, Director IMC.

In response to a question regarding the funding, the Director said that not only him but the headquarter of the organization have also tried to get fund for the hospital, but so far have not succeeded. EC is Apparently interested to fund the hospital.

ISRA reported that their truck - hijacked in Ghulam Khan Kalai, Khost - have been recovered. AMIA have also had the same problem, but 2 days ago they recovered almost all of their materials.

III. Presentation on Mass Immunization Campaign in Afghanistan - WHO

Using overhead projector, Dr. Runa of WHO Liaison Office Peshawar briefed the participants on the Campaign - launched on 19 November 1994. A brief narrative summary of the campaign is annexed to the minutes.

The members congratulated WHO and MOPH for success of the campaign. For the second/third round, it was requested that more attention should be paid on areas not covered in the first round.

IV. Activity Presentation - SGAA

Graham Longdon, Director Sandy Gall's Afghanistan Appeal (SGAA) was kind enough to brief the participants on their organization activities. Referring to the background of the Organization, he said that his agency, to a great extent, is a private NGO and is different from other organizations working for Afghans.

It was founded by Sandy Gall, the first journalist broadcasting the Afghan war in the Western Media. He is alive and still preparing reports for a TV in UK. Observing the problems of refugees while his presence in Afghanistan, he decided to assist Afghans, in possible ways. Going back to London, he raised an appeal and formed his own NGO - 'Sandy Gall's Afghanistan Appeal'.

Currently, the agency is operating three workshops and three physiotherapy centers: a) in Hayatabad, NWFP; b) in Jalalabad, Nangarhar Province; and c) in Charikar, Parwan. Province. Attached please find a total number of appliances made and physiotherapy patients discharged from 1989 to end of 1994.

The agency has a total of 110 staff; out of which 5 are expatriate, 4 Pakistanis and the

rest are Afghans. An office will, hopefully, be established in Kabul by the end of the year. Owing to the fact that prosthetic is being covered by ICRC in Kabul, the office will place emphasis on orthotic.

The agency is mainly funded by European Commission (EC) and will be handed over to the Afghan authorities by the end of 1997/1998.

In response to a question, Mr. Longdon stated that so far 20 technicians have been trained in Hayatabad; 8 in Jalalabad and 6 in Charikar. In response to another question, he mentioned that all services are provided free of charge.

V. **Brainstorming - issues to be discussed**

Some issues were suggested by the members to be discussed in 1995. For more issues, the agencies were requested to outline in the spaces provided below any issues they would like to be discussed in the Health Sub-committee meetings in 1995.

THE NEXT MEETING WILL BE HELD ON SUNDAY 19 FEBRUARY 1995 AT 9:00 AM AT ACBAR CONFERENCE ROOM. THE AGENDA WILL BE SENT LATER.

PLEASE DETACH AND SEND IT TO SHAFIQ AHMAD AT ACBAR

FOR YOUR COMMENTS

Please list issues you would like to be addressed by the Health Sub-committee in 1995

Your Name ____________________ Agency ________________

Date ______________________

A C B A R
HEALTH SUB-COMMITTEE MEETING
Held on February 19, 1995

By Naqib A. Noory

I. **Approval of agenda and minutes of the last meeting**
The agenda and minutes of the last meeting were approved.

II. **Announcements**
IMC at the last Kabul Coordination meeting announced that due to funding problems, it will not be able to continue the operation of the Qarabagh Hospital. IMC was glad to announce that funds have been received and the activity will continue.

ADS announced that they are having a campaign and seeking resources of the materials available for preventing disability. Apparently no information is available on prevention and immunization of disability, and the various causes of disability. To this end, ADS proposes collection of available materials and would like to invite agencies to share awareness on the health resource and materials.

III. **Election of Chairperson**
Dr. Anwarulhaq, chairman of the health sub-committee for the last one year thanked all members for cooperation and assistance provided during his term as a chair of this committee. He further asked if there were volunteers for the chairman seat.

Dr. Mirghani, the Deputy Chairman was already proposed, while Dr. Shoaib also volunteered.

After a voting session, Dr. Shoiab was elected as the chairman of the Health Sub-Committee and Dr. Mirghani as Deputy chairman.

The chairman congratulated both on their new assignments.

IV. **Training Resource Coordination** - Birdie Knightly, BBC

The BBC Educational Consultant elaborated the BBC/EAD project, the soap opera "New Home New Life. New Home New Life is a soap opera produced by the BBC for radio which has been running for almost one year. It is broadcast in both Dari and Pushto. Many agencies are familiar with the drama. Storylines in the drama contain a series of messages on topics ranging from health education, education, rights of the child, reforestation, rehabilitation of the disabled. A cartoon magazines along with the drama is also produced covering main stories of episodes.

The main aim of the consultancy are:-

1. To identify if NGOs wish to use the 'end products' of the soap opera. This could include the following:

* cassettes of particular stories in the drama which could contain messages on for example, literacy, rights of the girl child and community participant in development. Other messages were broadcast in 1994 and 1995 and the consultant would be happy to let people know what they were.

* cassettes of songs from the drama

* copies of the cartoon magazine to use in schools.

* special editions of the magazine with a particular storyline commissioned by NGOs to use as a supplementary materials.

2. To enlist the help of the NGos in getting feedback on how the soap opera is being received inside Afghanistan.

So far a number of heath NGOs are interested in using song and drama cassettes. Consequently BBC is looking for funds to produce and copy these tapes but the funding is likely to be limited and only available for up to six months. Thereafter, BBC would be looking to NGOs to pay for the cassettes/magazines etc. The consultant said that she will be very happy to meet individual agencies to discuss their needs and interest. However it would be better, where possible, for agencies to work together particularly if special editions of magazines were wanted.

The feedback from NGOs interested will be due latest by the 9th March. The consultant final report must be submitted by the middle of March.

UNDCP acknowledged the services of BBC which most of the Afghans are familiar and interested with.

UNDCP announced that they will be conducting a Drug Awareness Training for Female Health Workers. Targeted provinces are Badakhshan, Nanagarhar, Helmand and Kandahar. UNDCP asked NGOs to send their Female Health Workers to the trainings.

In a query that how does BBC ensure that magazines have been distributed on site, BBC's Consultant said that the evaluation team visits areas and evaluate the drama, including the distribution of the magazines.

BEFARe operates Basic Education Services for Afghan refugees in Pakistan and uses various cassettes and literacy materials. BEFARe suggested that the BBC information be integrated to the information of BEFARe available which would have more impact as the students are familiar and attracted by the materials. Using cassettes in the Health Education Centers other than the usual materials may not be as successful as the combination to the available materials,

"could of the ment."

BEFARe said.

IRC also offered various posters, flipcharts containing health education messages for NGOs willing to use.

The chairman advised if ACBAR could collect existing standardized information/material / resources for the training of the Health Workers. He promised to donate a complete set of a standardized mid-level health workers refresher training manuals (Dari). The Training Task Force Committee is looking into the training programmes of the Health Workers within the Minimum Primary Helath Care Framework. Another working group has been formed to work on specific training programme.

V. Sub-Committee's plan for 1995

ADS suggested that all materials for preventing/immunizing disability (other than war) be collected and compiled together with the Health Courses. Most of the rural areas are not aware of the simple polio immunization, ADS added.

AVICEN said that the Training Department of the organization would be delighted to provide materials for the above subject.

Following a short discussion on the topic, ADS proposed that Free Camps be arranged, specialist doctors volunteered in various parts of Afghanistan. Considering the overall management and logistic expenses of such an exercise, it was felt that the NGOs will not be able to bear the expenses and funds will be needed. Other problems, i.e transportation of equipment, voluntary doctors would also be difficult to get.

The chairman and ICD recommended that this issue be integrated to the Primary Health Care and addressed together.

BEFARe conducted seminar in Chaparhar area on Health Education and inquired from the inhabitants whether they were aware of other NGOs working in the area or not. It was observed that the local people did not know much about NGOs activities, except DACAAR's. 473 females have been registered, 6 centers and groups have been formed. BEFARe strongly suggested that NGOs working in areas bring awareness of their programmes to the local people.

The chairman was of the belief that NGOs can cooperate well if they consider this point important and can achieve a lot. He suggested that NGOs prior to their visits to areas contact ACBAR and inquire about other NGOs activities (specific sector) in the area, and see if they can cooperate with each other.

ISRA added that the incorporation of the Survey Unit to ACBAR would possibly improve the activities of the NGOs. ACBAR is planning to see projects listed in its database in Nangarhar, it would be wise if NGOs request ACBAR to also evaluate the BHUs reportedly established in Nanagarhar.

ACBAR Programme Manager declared that the survey unit will be willing to undertake surveys, costs have to be born by the agencies requesting for surveys. At the current stage ACBAR due to financial problems will not be able to conduct surveys. Cost of all surveys should be born by the agencies.

BBC inquired if NGOs cooperate with the Mass Immunization Campaign of the WHO.

Many agencies acknowledged their assistance to the WHO Mass Immunization Campaign but reported that some areas have still not been covered. Need of formation of a Task Force to look into possible ways of coordination was felt.

ADS suggested that a sub-group from the Health Sub-Committee be formed to with the Immunization Campaign group and coordinate the activities.

ACBAR Programme Manager advised that NGOs working in Health give reports on regional basis. This exercise will allow proper planning.

ISRA proposed the following items to be discussed during 1995.

- Community Mobilization.
- Health Information System
- Primary Health care - to encourage health education to integrate drug awareness in the clinics.
- Disaster preparatues (for NGOs to cooperate and work together in case of natural or man made disasters effective, as in the Hisar Shahi Camp of Jalalabad.

AMIA commented that the above activities will need employment of health workers and other extra staff, which NGOs can not afford at the current circumstances. There will be need to train the workers.

The chairman said that many things have been standardized, points needing revision should be standardized among NGOs working in that special sector. (Health Workers Training).

ORA said that many issues which are frustrating are the repetition of points at meetings, which are missed by some NGOs and need to be decided from the beginning.

Participants:

Dr.Anwarulhaq Chairman	IMC	Dr.[illegible]	[illegible]
Bill Murphy	BBC/AED	Malli [illegible]arish	[illegible]
Wasima Ravi	SCAA	Dr.[illegible]	[illegible]
N. Sami	ARC	Dr.[illegible]	[illegible]
Dr.Mohammad Abedi	BEFARE	Eric [illegible]	[illegible]
Dr.Ahmadulla Ahmadzai	AVICEN	Dr.H. Shah Ahmadzai	[illegible]A
Dr.Mohammad Saed	SCA	Dr.[illegible]	[illegible]
Rahmat-ulla Kakar	HERC	Dr.A.M. [illegible]	[illegible]
Dr.Esmatullah	NAC	Dr.Reha	[illegible]
A.R. Sahak	ADS	Naqib A. Noory	ACBAR

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A C B A R
HEALTH SUB-COMMITTEE MEETING
Held on 3 April 1995

I. Approval of the agenda

Item IV, BRIEF PRESENTATION BY ITALIAN COOPERATION FOR DEVELOPMENT (ICD), was omitted from the agenda due to the absence of the representative of ICD. The apology message of ICD was conveyed to the house.

Brief presentation of the representative of Public Health Department, Ghazni province, was added to the agenda under any other business.

The agenda and minutes of the last meeting were then approved.

II. Announcements

No announcements were made in the meeting.

III. Issues to be discussed for 1995

ACBAR stated that various Sub-Committees have already outlined the issues to be discussed in 1995. The objective is to list topics for discussion during the year. This issue had been under discussion in the health committee since January - NGOs have been requested to propose any topics for discussion, but it has not been completed as yet. ACBAR requested participants if they had any issues of common interest/concern for the health committee.

The topics proposed for discussion in the meeting were listed as under:-

- Medicines supplies
- Cost recovery
- Standardization of medicines list
- Definition of Job Descriptions for Field Health Workers
- Training Curriculum

It was agreed that the NGOs participating in the meeting take initiative and start discussing their work programs.

Talking on the issued the representative of AMIA stated that from his point of view the medicines supply system is an important issue to be discussed. Information should be collected on the supply of medicines considering the quality as well as the cost recovery policies of various agencies sending medicines to Afghanistan. There are some medicines which are very cheap but not of good quality. While thinking about the cost of the medicines, the quality control should be considered important

as well. It was also stated that a collective supply approach would result in providing cheap and good quality medicines.

The representative of AVICEN recommended the standardization of medicine list as another issue to be discussed.

SCA's representative informed the floor that the standardized lists of medicines have already been developed, but needs to be revised. He promised to send the lists of medicines to ACBAR for distribution to the members of the Health sub-committee.

MMC also emphasized on standardization on medicines lists. The representative said as the lists were developed during the war period they should be revised and changed to cover the clinical needs.

The representative of UNDCP said that some health workers prescribe tranquillizer to women for the relief of pain which causes addiction itself. UNDCP recommended that the health workers be informed of the hazards of the addiction.

V. Brief presentation of the representative of Public Health Department of Ghazni province

Mr. Abdullah Jan, representative of Public Health Department, Ghazni province, said that the security situation in the province is much better than the past. There would be no problem for those traveling or working in Ghazni and the required security would be provided by the authorities. The health administration is more active and organized.

Based on the decision of the Ministry of Health, MD doctors working in private clinics were ordered to join governmental structures. Most of the doctors are now working on voluntary basis without salaries.

Detail letter from the Health Department of Ghazni translated from Persian to English along with the details of the hospital was distributed to participants at the meeting. Copy of the request attached to the minutes.

AMRCA confirmed good security in Ghazni who had recently returned from the area. AMRCA suggested that NGOs obtain letters from the Ghazni shura which will make the travel much easier.

AMIA inquired if there was any community participant and assistance to the hospital.

The representative confirmed that the shopkeepers in the city and the local people have donated some money which is used for the fuel of the generator.

SCA and some other agencies were supporting and providing food for some 20 patients. The contract has been expired as of March 31, 1995.

Antioxytocics

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	salbutamol	tablet, 4 mg (as sulfate)				

21. Psychotherapeutics drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	amitriptylline	tablet, 25 mg (hydrochloride)				
2	chlorpromazine	tablet, 100 mg, (hydrochloride) syrup, 25 mg (hydrochloride)/5ml				
3	diazepam	injection,25 mg(hydrochloride)/ml in 2-ml ampoule tablet, 2mg , 5mg				

22. Drug acting on the respiratory tract

Antiasthmatic drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	aminophylline	tablet , 100mg,200mg injection,25 mg/ml in 10ml ampoul				
2	epinephrine	injection, 1mg (as hydrochloride) in 1ml ampoule				
3	salbutamol	tablet, 2mg , 4mg (as sulfate) inhalation, 0.1 mg(as sulfate) per dose syrup, 2 mg (as sulfate)/5ml injection, 0.05 mg (as sulfate) /ml in 5ml ampoule				

Antitussives

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	dextromethorphan	syrup, 15 mg (hydrobromide)/5ml				

23. [illegible]lutions correcting water, electrolyte and acid-base disturbances

Oral rehydration

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	oral rehydration salts	powder, 27.9 g/l				
	Components					
2	sodium chloride	3.5				
3	potassium chloride	1.5				
4	potassium chloride	powder for solution				
5	trisodium citrate dihydrate	2.9				
6	glucose	20				

The representative asked if any NGO would like to support the hospital. Travel arrangements and monitoring will be facilitated, if required.

ACBAR appreciated the voluntary and humanitarian efforts of Mr. Abdullah Jan and hoped him success in his objectives.

ACBAR promised to circulate the request for assistance to the members of health sub-committee and as well as to the Ghazni coordination group.

Participants:

Dr. M. Shoaib Ahmadzai (Chairman)	AMIA
Dr. Reha	MMC
Dr. Ruhullah R. Shaban	SCA
Maliha Danish	UNDCP
Dr. Harry	MCPA
Dr. Ahmadullah Ahmadzai	AVICEN
Abdul Rahim	ISRA
Runa Teeuwen	SERVE
Mr. Abdullah Jan	Representative of Ghazni
M. Karim Rahimi	ACBAR
Naqib Ahmad Noori	ACBAR

ACBAR
HEALTH SUB-COMMITTEE MEETING
Thursday 18 May 1995

By Shafiq Ahmad

Present in the meeting:

- Dr. Shoaib Ahmadzai (CHAIRMAN)	AMIA
- Baz Mohammad Abedi	BEFARe
- Dr. Ahmadullah Ahmadzai	AVICEN
- Dr. Antony van der Bunt	HAF
- Dr. Mohammad Hussain Mohmand	AOG'I
- Dr. Pier Palao	ICD
- Dr. Saadat	ICD
- Dr. Merza Jan	ISRA
- Dr. Roohullah Shaban	SCA
- A. R. Samadi	DCAR
- Rahmatullah Khan	IRC-HERC
- Dur Mohammad	ARC
- Dr. Masson	AMI

Apology:

- Dr. Anwarulhaq, Director IMC.

* * * * * * * * * * * * * * * *

I. **Approval of the agenda and minutes of the last meeting**

The agenda as well as the minutes of the last meeting were approved.

II. **Announcements**

Following discussions with the relevant Afghan authorities, a 16-bed hospital of DCAR in Peshawar wi be shifted to Maiwand hospital in Kabul. The hospital will hopefully start the work in paediatric war of the Maiwand hospital. The surgical and medical equipment will be moved to Kabul. In response t a question, the representative of the agency stated that the project will be supported through a privat donation.

AMIA announced that they have received information through their hospital in Logar that there is a bi need for vaccination in Logar province. Vaccines were finished on the second day of the Mas Immunization Campaign in Afghanistan. Commanders are requesting AMIA hospital in Logar fo mobile vaccination teams.

Dr. Anthony van der Bunt stated that the same thing happened for Pakistan as well.

III. **Presentation by Italian Cooperation for development**

The Director thanked the Sub-committee for inviting his agency for presentation. He explained th background and all activities of the agency. In addition, a circular - indicating all activities of th agency - was circulated to the participants. Attached please find a copy of the circular - those wh recieved a copy in the meeting are excluded.

Questions of the members were answered and a copy of "Management of the Tuberculosis Problem an Status of TB Control Program in Afghanistan" was also circulated. Interested individual can obtain copy from ACBAR.

IV. **Drug list standardization**

Due to lack of time the issue could not be fully discussed. It was, however, decided that the lists fror agencies concerned be collected and a Working Group be formed to make recommendation to the Sut committee.

The Chairman will ask the agencies for the list and will schedule a meeting of the Group as soon a possible.

V. **Any other business**

a) Dr. Mohmand, Director OBGYN hospital in Jalalabad, informed the floor of the immediat termination of fund to his hospital by NRC/NCA - the only donor for the hospital. He wa informed on 14 May 1995 that the fund will be terminated with effect from 15 May 1995. Thi: according to the agreement - violates the rules for termination of funds, he claimed.

The Director further said that NRC/NCA has sent a letter to the Nangarhar Shura indicating thei willingness to transfer the whole facility to the Shura, which according to him, is not their righ The agency has been working since 1984 and had multiple donors in the past. None of th donors, after termination of the fund, had transferred the NGO/facilities to any other bodie: They are an independent NGO and the hospital belongs to the NGO and by no mean the rigl will be given to NRC/NCA to hand over the facility to the Shura.

b) Tow letters received from the Afghan Ministry of Public Health were circulated to th participants. Attached please find the letters.



The Islamie State of Afghnistan

دو لت اسلامی افغانستان

Ministry of Public Heal
International Relation Dept

وزارت صحت عامه
ریاست روابط بین المللی

Phone 63720

نمبر تیلفون ۶۳۷۲۰

Ref No:

نمبرمکتوب ۲۲۰

Date

تاریخ ۱۷/ ۲ / ۱۳۷۴

TO : Mr Charles Macfadden
Director
ACBAR
Peshawar

For all ACBAR Members

Kabul
6th May 1995

Dear Sir,

Sub : Shortages of Anti Sera etc.

The Blood Bank has seven operating centers in Kabul and fourteen in the provinces. The Blood Bank in Kabul also provides necessary blood supplies to the rest of the provinces .

In the year 1992-93 for the expansion of blood bank a project was under consideration by WHO but unfortunately till today it didn't take its real shape.
The medical spply for this bank is also very inadequate. Due to shortages of Anti Sera we were compelled to use the same which had expipry date in 1993 .

After several requests we have received 50 bottles each of Anti A , B and D also very limited number of Blood Bags and which is quite insufficient for us .
It can be recalled that the blood bank was very up-to-date and the clinical laboratory test for the AIDS used to take place in the bank.

At the very moment we have enough manpower but we lack electricity and Anti Sera. (The present opeating procedure of the bank is such that we collect blood from donor and immediately re-supply them to the needy person) .

We also classify the blood groupings . As already explained that due to shortages of supplies to-day we are unable to undertake the laboratory tests of V.D.R. Hepatisis- B and Aids.

It is anticipated that immediate steps will be taken to over come our difficulties.
Pleases circulate this problem to the concerned members for immediate assistance .

Sincerely ,

Dr.Sadruddin Sahar
deputy Minister of MOPH

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The Islamie State of Afghnistan

دولت اسلامی افغانستان

Ministry of Public Heal
International Relation Dept

وزارت صحت عامه
ریاست روابط بین المللی

Phone 63720 ...

نمبر تیلفون ۶۳۷۲۰

Ref No: ... ...

نمبرمکتوب ۳۲۱

Date

تاریخ ۱۷ / ۲ / ۱۳۷۴

TO:
Mr. Charles Macfadden
Director
ACBAR
Peshawar

For all ACBAR members

Kabul
6th May 1995

Dear Sir,

Sub: Eradication of Lashmania and Malaria

We would like to draw your attention that during the recent Vaccination Campaign our vaccinators went to the different provinces of Afghanistan .
During their operation they have noticed that some provinces are badly affected by Lashmania and Malaria diseases. The worst affected areas are Kabul , Kapisa, and Parwan .

So , in this connection we would like to request you to take drastic steps to eradicate the harmful diseases.

Yours sincerely ,

Dr. Sadruddin Sahar
Acting Minister of MOPH



Norwegian Church Aid
Kirkens Nodhjelp



Norwegian Refugee Council
Flyktningeradet

Chairman Dr. Shoalb Ahmadzai
ACBAR Health Sub-Committee
c/o ACBAR
2 Rehman Baba Road
U.T., Peshawar

Peshawar 12.6.1995

RE. MINUTES FROM THE HEALTH SUB-COMMITTEE MEETING 18.5.1995.

Dear Dr. Ahmedzai.

We have received the minutes from the last Health Sub-Committee meeting on 18.5.1995. Here we found quite strong criticism and allegations on our organization, and where only one side of the story was presented. Consequently we request that this letter, containing our viewpoints, is circulated to everybody who got the minutes from the meeting 18.5.1995. Further we will like to attend the next Health Sub-Committee meeting, in case there is further questions that the committee might want to discuss regarding the Afghan Obstetrics and Gyneacology Hospital (AOGH) and NCA/NRC case. We ask you to specially invite Dr. Momand for the meeting.

Then to the case referred in the minutes:

1. It is correct that NCA/NRC terminated funding of AOGH from 15. May 1995, and that this was conveyed to Dr. Momand in a meeting 14. May. We would like to mention, though, that we did a thorough evaluation of AOGH in November and December 1994, and that there has been numerous meetings and long correspondence between then and the mentioned meeting 14. May. No contract for 1995 is signed between NCA/NRC and AOGH. We would further like to mention that we did suggest a smooth transfer of the hospitals activities to a more publicly controlled management. We do think we have the right to make such a suggestion. Dr. Momand flatly rejected to discuss or accept our suggestion, which we fully accept as his right, being the Director of AOGH.

2. It is further correct that we wrote a letter to the Nangarhar Shura after May 15. informing them of our decision to stop the funding of AOGH. The referred contents of the letter is nevertheless not correct. Dr. Momand got a copy of the letter. What we did tell the Shura were our concern that AOGH would not find alternative funding, and that the hospital's activities would stop. Further that we as a donor, together with other donor agencies, have the attitude that assets given to Afghan NGOs, like AOGH, are for public use, not a private

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donation to the owner of the NGO. In case a NGO is closed or terminates its activities, we think that the assets should be handed over to something that will keep it to the benefit of the public Afghan. Consequently we advised the Shura to follow the development closely, and take the necessary action if activities at AOGH stops, and the assets are not used for the female public of Nangarhar, which AOGH is serving today. We fully realize and accept that we cannot hand over any NGO activity or asset to anybody else as long as the NGO runs its activity according to the intentions behind the donations. But if this is not so, we do think we not only have the right, but the responsibility, to try to secure values given as humanitarian donations from abroad for the public benefit of Afghans for this purpose, and not accept it for private use or benefit.

We do realize that this case might raise some questions of principle. These we think are better discussed in an ACBAR General Assembly, with the parties present, than as an one-sided allegation in a Sub-Committee. And if somebody wants to question our attitudes or behavior, please do so. But please let us take part in the discussion.

Yours sincerely

Thor-Arne Prois
Res.Representative
NCA/NRC Afghanistan Program

Copy: ACBAR, Executive Director Charles MacFadden
AOGH, Dr. Momand

ACBAR
DISABILITY SUB-COMMITTEE

HELD ON MAY 31, 1995

BY NAQIB A. NOORY

I. **Approval of agenda and minutes of the last meeting**
The chairman welcomed participants to the meeting, he then asked for a round introduction.

The agenda and minutes of the last meeting were approved.

II. **Announcements**
Mr.A. Jamil Saleem, a member of the Task Force and Standing Committee announced his resignation from RBTU and will be no longer official representative of the agency. Though Mr. Saleem showed interest in participating in the committee meeting and contributing his inputs as an observer. He thanked all members for their support and cooperation.

SERVE announced that the Solar Project distributed 700 solar ovens in Kabul city to poor people which are used for backing. The ovens were sold on a subsidized price Afs 60,000.00.

SOS/PG/ASYA, announced that they have received a request from two hospitals to conduct training courses for the permanently staying disabled who have recovered. The disabled have been registered, but all could not be accommodated. SOS/PG asked other NGOs if they could consider these disabled for any sort of vocational training programmes.

The idea was supported by participants. UNHCR said that they will take up the issue with the vocational training coordination groups being funded by UNHCR. Also as SJAWO, is involved in vocational training of the disabled, was suggested to be approached.

SOS/PG, reported that disabled earlier registered for training has requested SERVE for supply of embroidery machine. Though the disabled was not trained, he has learned embroidery by himself. He has not received any assistance nor training from SOS/PG and can be assisted by SERVE.

The chairman thanked Mr. Jamil Saleem for his contribution to the Disability Task Force Committee and wished him success in his future endeavors.

ADS will conduct a disabled workshop which will be held on 18- 19 June, 1995. The workshop aims at formulating in a **Plan of Action** and recommendations for integration of people with disabilities to educational system in Afghanistan. Main theme

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of the workshop is as follows:-

1. How in the framework of the national planing for educational system, the needs of people with disabilities be considered.

2. How the process of integrating people with disabilities to educational system in Afghanistan can be initiated and accelerated, particularly in the following areas of major concern: curriculum, teachers training, physical environment, parents, community, disabled peoples themselves. through a wide application of the community oriented and inclusive educational provisions, proposals and recommendations.

60 participants Afghan educational experts, expatriate with the experience of disability and situation of disabled Afghans, NGOs staff and shura representatives from education departments are invited. Anyone interested to participate in workshop are most welcomed and they can contact us.

ADS has established a credit scheme in Khost, Paktia and Ghazni provinces of Afghanistan for 50 disabled as a pilot project. After the first assessment the credit scheme which is based on group lending system had a high impacts and now the credit will be expanded if funds could be provided to other provinces.

The credit is given on rotation to a group of three persons depending on the requirements of each individual and their choice. Maximum amount is Rs. 4000.00.

Mr. Jamial recommended to include the Social Animators of the CDAP Takhar and Wardak in the ADS "Workshop on the **Integration of Disabled Peoples to Education System in Afghanistan**" who have practically experience in the field.

III. Guest - Representative from the Ministry of Martyred and Disabled of Afghanistan

Mr. Abdul Bari Rostayee

The representative expressed gratitude for being invited to attend the ACBAR Disability Task Force Meeting, and for given the opportunity to him in representing the Ministry of Disabled & Martyred of the Islamic State of Afghanistan.

He said, the fourteen years lasted Jihad in Afghanistan has caused colossal problems in social, and has chopped economical and productive pillars of the country, causing gigantic crisis in our economy. The most irreparable war caused damages are life causalities and the disabilities.

During the calamity of war in Afghanistan, thousands of Afghans have been martyred/killed, thousands lost their limbs or have sustained damages in other body organs, and also thousands of children have become orphans. The essential need of

lending a helpful hand to the war affected people puts forth a serious question to all of us.

The Ministry of Disabled & Martyred, as the only state authority in Afghanistan to work for the war affected, intends to achieve its commitments to the best possible way. Notwithstanding being partially funded by the government of Afghanistan, the Ministry senses the need of further and continuous contribution, which could be achieved by the NGO community. With the assistance of UN and NGOs the Ministry would be able to provide further facilities for the war affected e.g. implementing some vocational projects, enacting extraordinary rights and services, offering allowances and enabling them to join social integrity.

The Ministry observes a special procedure for the process of assistance provision to the war affected. Categories established are as under:-

1) First category: This category comprises those Jihadi leaders who have been martyred or disabled.

2) Second category: This category comprises those Jihadi commanders, having had 3-4 thousand men under their command, who have been martyred or disabled.

3) Third category: This category comprises the local commanders, having had up to one thousand men under their command, who have been martyred or disabled.

4) Fourth category: This category comprises the individual Jihadi militants who have been martyred or disabled.

Further to the mentioned categories, the Ministry provides facilities and monthly allowances to the families of dead and disabled militants of the previous regime in Afghanistan, without any consideration of their past relevancy.

The existing figures indicates the numbers of martyred in war against Russians to more than one and half a million. This number implies to the greatest figure, among all the conflicts in the world sketch. Following are the details about registered disabled and martyred within the Ministry:-

(A) From Jehad arrays:

1. Number of martyred (194 970)
2. Number of disabled (41 313)

Total: (236 283)

Parenteral

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	aminoacids	injection solution 3.5%				
2	glucose with	injection 4% glucose,				
3	potassium chloride	11.2% solution in 20ml ampoul (equivalent to K^+ 5mmol/ml Cl 1.5 mmol/ml)				
4	sodium chloride	injectable solution,0.9% isotonic (equivalent to Na^+ 154mmol/ml Cl 154 mmol/ml)				
5	glucose	injectable solution, 5% isotonic, 25% hypertonic				
6	sodium chloride (equivalent to Na^+ 30 mmol/ml, Cl^-	0.18 % sodium chloride 30mmol/l				
7	sodium bycorbonate	injectable solution, 1.4% isotonic carbonate (equivalent to $Na^{+167mmol/l, HCO\text{-}3\ 167mmol/l}$ 8.4% solution in 10 ml ampoul (equiivalent to Na^+ mol/l ,HLC^+ lmol/ml)				
8	compound solution of sodium lactate	injectable solution				

Miscellaneous

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	water for injection	2ml , 5 ml ampoule				

24. Vitamins and minerals

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	ascorbic acid	tablet ,50 mg				
2	calcium glugonate	injection 100mg(gluconate)/ml in 10ml				
3	ergoclciferol	capsule pr tablet,1.25 mg(50 000 IU) oral solution, 0.25 mg/ml(10 000 IU/ml)				
4	iodine	iodized oil.1 ml (480mg iodine). 0.5 ml(240mg iodine) in ampoule(oral or injectable)				
5	calcium	tablet, 500mg(lactate)				
6	nicotinamide	tablet 50 mg				
7	pyridoxine	tablet, 25 mg (hydrochloride) water-miscible injection.100 000IU (as palmitate) (55mg)in2ml				
8	retinol	sugar coated tablet, 10 000 IU (as palmitate) (5.5mg) capsule, 200 000 IU(as palmitate)(110mg) oral oily solution, 100 000 IU /ml in multidose dispenser(as palmitate)				
9	sodium floride	tablet,0.5mg solution, 2%(for professional dental use)				
10	thiamine	tablet, 50 mg(hydrochloride)				

(B)	From the arrays of the Communist Regime:	
1.	Number of killed military officers	(18 066)
2.	Number of disabled military officers	(2 090)
3.	Number of killed battalions	(19 013)
4.	Number of disabled battalions	(3 960)
Total:		(43 129)

(C)	Civilians:	
1.	Number of martyred	(629)
2.	Number of disabled	(87)
Total:		(716)

TOTAL NUMBER of registered: (280 128)

Allowance ,paid to the families of disabled and martyred, comprises the maximum Afs. 30 000 and the minimum Afs. 10 000 per month. Day by day the registration of disabled and martyred is increasing, while the limitation of required facilities stands as a gigantic problem.

The designation of a well planned prosperous future for disabled and the dependents of martyred is our inevitable responsibility. The Ministry of Disabled and Martyred has proposed many projects e.g. tailoring, carpet weaving, baking, tanning, sweet baking, embroidery, psychiatry clinic and etc, to the ministries of Planning and Foreign Affairs, to attain the assistance of the government and also the contribution of UN and NGO community which is harshly needed.

The Ministry of Disabled and Martyred supports a Vocational Training Center for Disabled in Kabul. This center comprises three separate branches: Tailoring, embroidery and printing press. The center is funded by Indianan Government through the Afghan Government, also contributed by some foreign countries. 15 trainees are trained per month in this center, and this small number of beneficiaries is due to the limitations in the fund.

Moreover, with the financial assistance of the Islamic State of Afghanistan, an orphanage of 400 orphans has been established in Takhar Province. This orphanage provides the facilities of settlement, food (three times a day) and education (from grade one to six).

Presently, the security situation in Afghanistan especially in Kabul has been improved, any helpful step to make possible the access of NGO community is taken, and based on these improvements, the Ministry has requested all the humanitarian aid community for assistance. At the moment the Ministry renews its requisition and would like to ask the UN agencies, NGOs, other relevant authorities and especially the represented NGOs in this meeting, for their kind assistance.

Following are the area, the disabled and the dependents of martyred should be helped in:

1) Rehabilitation of the disabled, mentally and educationally:
Establishment of schools, clinics, hospitals and psychological treatment centers etc.

2) Providing training facilities for disabled:
Establishment of vocational training centers, e.g. tailoring, embroidery, carpentry, carpet weaving, publishing etc.

3) Achieving the needs of the disabled and martyred families:
Housing schemes, construction of schools, mosques, hospitals, markets, kindergarten.

4) Attracting financial assistance of other countries.

****

The chairman thanked Mr. Abdul Bari Rostayee, Representative of the Ministry of Martyrs and Disabled for participating at the meeting and updating the meeting on its activities.

RBTU, inquired if the Ministry has taken steps to raise funds from the local community, since it seems to be relying on assistance from out side. An example of Zakat, payable by all rich men was given.

The representative in response said that as reported earlier, the government can not afford to pay the expenses and is making efforts to attract businessmen contributions. Beside money collected from the products of the Training Programmes are also generated to create Ministry's own funds. At current circumstances, the community could not be obliged to pay Zakat to the government. Example of a tailoring project in Wazir Akbar Khan was given.

HCI inquired the number of trainees in the center in Wazir Akbar Khan.

In response, the representative said that 15 trainees are trained for a **period of 6 months,** 5 3 trades, embroiderly, tailong and printing press.

SOS/PG, asked if any students have graduated from the Training Center programmes.

In response the representative said that since this center is new, no students have yet gruaduated.

In a query to the level of funding, the representative said that money for the Wazir Akbar Khan training center for 1995 is 100 million Afs. which is definitely inadequate considering procurement of equipment to the training centers. Some money has also been donated by the Indonisian government for the training center. The salaries of trainers are also paid from the budget given by the government.

The chairman inquired on the number of disabled employed by the Ministry.

In response, the representative said that the number is currently very low, only 2-4 persons employed are disabled. Though qualified people will be given priority in the future.

In a query to the number of employees of the Ministry, it was responded that 2012 persons are employed by the Ministry.

IV. Report from the Workshop Organizing Committee and further discussion

The chairman reported that the organizing committee was supposed to have a meeting and discuss the Workshop themes and topics. Because of the absence of most members of the committee, the meeting was not held. This will be outlined in a special meeting, the chairman said.

V. Any other business

The next meeting will be held on June 28, 1995 at 10:00 hrs at the ACBAR office.

Participants Disability Task Force meeting, held on 31/05/1995:-

Name	Agency
A.R. Sahak	ADS
Else Bergland	UNHCR
Abdul Bari Roustayee	Ministry of Martyred and Disabled
Azizullah	Okenden Venture
Ghulam Gul	SA Belgium (ASYA)
Eng. Amin	NPO
Eng. Abdul hai	ARO
A. Khadr	HCI
Amir	HCI
A. Rahim	ISRA
A. Jamil Saleem	RBTU
Ab. Qudous Kakar	SERVE
Naqib A. Noory	ACBAR
Ahmad Jawed Ludin	ACBAR

ACBAR
HEALTH SUB-COMMITTEE MEETING

Held on 15 August 1995

By: Karim Rahimi

I. Approval of the agenda and minutes of the last meeting

ISRA stated that poor participation of agencies' representatives in health coordination meeting should be discussed. It was agreed that the problem be discussed under item IV. Any other business.

The agenda and minutes of the last meeting were then approved.

II. Announcements

ARC introduced Dr. Shekiba, who will represent ARC in health coordination meetings in ACBAR.

ADS introduced Dr. Osman, who will attend health coordination meetings in future.

Afghan Health Association (AHA), a newly established NGO, was represented in the meeting by its director Mr. Amin Wakman. After introducing the agency, he said that AHA has started 3 pilot projects in Maidan, Wardak and a nursing college in Peshawar.

ACBAR welcomed the new participants with hope that they regularly attend the meetings.

III. Outbreak of CHOLERA

Referring to the official letter of Consulate General of Afghanistan in Peshawar, ACBAR stated that from the beginning of July, cholera has been spread out to the most parts of Badakhshan as well as some parts of Ghazni, Paktia, and Paktika provinces. According to the letter, as the disease is spreading rapidly due to limited health facilities and lack of medicines, it needs prompt action to overcome the problem.

Describing the outbreak of cholera as the most important item of the agenda, the floor was asked to discuss it in detail.

The representative of NAC said that in early July, Ghazni hospital reported that some patients, carrying symptoms of cholera, were admitted to the hospital.

According to the last report from Ghazni hospital, 129 cases have been registered from the following areas so for:

- Gomal 39 (5 of them died)
- Gelan 50 (6 of them died)
- Qara Bagh 40 (4 of them died)

Similarly, there were some reports of cholera in Paktia and Paktika provinces. Though NAC has fund for Ghazni, but it can not cover Paktia and Paktika. Moreover, only NGOs are not in a position to handle epidemic situation due to their small capacity and limited funds.

As it is of the responsibility of the world body to take necessary steps and launch emergency programs at the time of disaster or epidemics, NAC brought the matter to the notice of UNICEF and asked them to take initiatives, but still there is no response.

Obtaining permit from Pakistan authorities for sending emergency supplies/medicines is another problem for NGOs, while the UN agencies can get it easily in a short time.

To a query about the confirmation of cholera disease in Ghazni, Paktia, and Paktika it was said that the clinical study of the registered cases in the hospital as well as the alarming increase in the number of patients show the symptoms of cholera. Even if the cholera is not officially confirmed, there is a life threatening disease and innocent people are dying. It needs urgent steps to save human lives any way.

Some agencies were of the opinion that ACBAR should contact the UN agencies specially WHO to provide necessary assistance.

The floor agreed that, though NGOs should not wait for the UN and try their best to provide as much assistance as possible, ACBAR should arrange a joint meeting of the UN agencies specially WHO, UNICEF, as well as NGOs working in Badakhshan, Ghazni, Paktia, and Paktika. It is very important that UN agencies and NGOs make collective efforts to overcome epidemic situation. If there is good coordination and cooperation, NGOs can utilize their available fund and provide technical staff to facilitate the task.

IV. Any other business

It was stated that due the poor participation of the representatives of the agencies, some times the meetings are postponed. Another problem is that with a small number of participants the meetings would be not informative and decisive. As it is very important to coordinate the activities and ACBAR coordination meetings are organized for this purpose, it was agreed that the matter should be included in the minutes of the meeting and the agencies should be asked to send their representatives to attend the meetings regularly.

A C B A R
HEALTH SUB-COMMITTEE MEETING

Held on 3 October 1995

By: Karim Rahimi

I. Approval of the agenda

The agenda was approved.

II. Election of a new Chairperson

The floor was informed that Dr. Shoaib, Chairman Health Sub-Committee, contacted ACBAR that he is no longer able to attend the meetings as their activities have already been shifted inside Afghanistan. Therefore, a new chairperson should be elected in order to chair the health sub-committee meetings.

The Deputy Chairman, Dr. Mirghani (from ISRA), was asked to chair the meeting and proceed for the election of a chairperson.

Dr. Mirghani, thanked the members for attending the meeting and asked if there were volunteers for the chairperson seat.

After a brief discussion, as there were no other volunteer for the seat, Dr. Mirghani was unanimously elected as the new chairman of health sub-committee.

The floor congratulated the new chairman for his new assignment and wished him success.

Dr. Mirghani thanked the floor and promised that he will try his best to carry on the task efficiently. He hoped that the members attend the meetings regularly in order to have better coordination.

The representative of ARC complained about the poor attendance of the members and further added that the participants should be punctual.

The chairman approved the idea and said that it is very important to have enough number of participants to make the meetings more successful. He assured that he would contact the members to send their representatives to the meetings as well as to come on time.

Election of the Deputy chairperson was postponed to the next meeting as there were no volunteers for the seat.

III. **Announcements**

ISRA announced that International Federation of Non-Governmental Organizations for Drug Abuse is conducting Addiction Rehabilitation training program at the University of Science in Malaysia. This two-week regular training program is focused on addiction treatment which is a sensitive and controversial issue. He also added that ISRA is a member of the mentioned body and would be very happy to provide further information about the mentioned program to the interested NGOs.

Considering the interest of the participants, ISRA promised to have a brief presentation on the issue at the next health meeting.

Dr. Gul Jan Wardak announced a book in Mother and Child Care for those who are interested to contact ACBAR.

IV. **A brief introduction of AVICEN**

The chairman asked the representative of AVICEN to present his brief introduction to the floor.

The representative of AVICEN, Dr. Ahmadullah Ahmadzai, stated that AVICEN was established in 1987, with a goal to decrease the mortality and morbidity rate among the Afghan children and women through vaccination against six target diseases (TB, Poliomyelitis, Diphtheria, Perthuses, Tetanus and Measles).

To achieve the goal, AVICEN trained some vaccinators and Cold Chain Technicians for Kunar and Khost; established VSFs and started vaccination of children and women. AVICEN gradually expanded its activities to other areas such as Kabul, Wardak, Bamyan, Ghazni, Kandahar, Baghlan, Farah, Badakhshan, Ningarhar as well as to some refugee camps in Peshawar. This organization expanded its training capacity and trained some Vaccinators and Cold Chain technicians for other NGOs based on their request.

AVICEN also continued provision of EPI services till 1994. After the close down of USAID funded agencies, AVICEN established Health Services Department and decided to run various types of health facilities under the Minimum Primary Health Care Framework established by UNICEF, WHO, and donor agencies. At first, AVICEN took over the health facilities of the former MSH, IMC, MCI, as well as some other NGOs working in the target regions, and then established new facilities.

At present, AVICEN has the following six technical departments:

- Training Department
- EPI Department
- Cold Chain Department
- Health Services Department
- Pharmacy Department
- Central Information Department

1. **Training Department:**
This Department is responsible for initial and refresher training of vaccinators, Cold Chain technicians, and Basic Health Workers; providing refresher training to Mid Level Health Workers as well as conducting some workshops and seminars.

This department has established 4 training centers in Peshawar, Kandahar, Bamyan, and Ghazni where the following number of trainees have received training so far:

- 557 Vaccinators (403 for AVICEN and 154 for other NGOs such as SCA, MSF, IMC, GAF, UNICEF, etc).
- 27 Cold Chain Technicians
- 10 EPI Supervisors
- 24 EPI Field trainers
- 15 BHWs initial training
- 34 BHWs refresher training
- 21 MLHWs refresher training

2. **EPI Department:**
This department is responsible for running and management of EPI activities. This department has one Regional Supervisor for each region as well as a number of field supervisors.

EPI services are being provided at the following provinces:

PROVINCE	VSF LOCATION	VACCINATORS	NO OF TEAMS
Kabul	Kabul	24	13
Wardak	Behsud	35	19
Bamyan	Bamyan	37	19
Ghazni	Ander	25	12
Kandahar	Dand	25	13
Farah	Anar Dara	5	3
Badakhshan	Jerm	15	7
Ghazni	Jaghatu	39	19
Baghlan	Pulikhumri	45	22
Wardak	Chak	19	8
Ningarhar	Jalalabad	20	10

3. **Cold Chain Department:**
This department is responsible for conservation, storage, and supply of vaccines, syringes, vaccine cards, and other vaccination equipment. It has one main Cold-room in Peshawar and 11 local VSFs in Chardewal, Ander, Tezak, Behsud-e-awal, Bamyan, Dand, Andarab, Jerm, Kakrak, Jaghatu, Pulikhumri, Chak, Jalalabad, and Kabul.

4. **Health Services Department:**
This Department is responsible for establishing and running different types of health

facilities such as Comprehensive Health Center, Basic Health Center, Basic Health Post, MCH clinic and MCH post. Through this department, AVICEN has established 5 CHC, 9 MCH clinics, 10 BHU, 1 MCH post, and 30 BHP.

5. **Pharmacy Department:**
This department is responsible for procurement, quality control, kit assembly and supply of health facilities. It has one main Warehouse in Peshawar and one Regional Warehouse in each region.

6. **Central Information Department**
This department is responsible for collecting, processing, analyzing data and providing required information. This department also has one sub office in each region.

V. **Any other business**

Having no any other business, the meeting was adjourned.

EPI PLUS PACKAGING INTERVENTIONS

OUTREACH PACKAGE

EPI
* Immunization(routine)
* Immunization Campaign (Periodic)
* Encouragement for timely completion of immunization course

CDD
* Distribution of ORS
* ORT knowledge dissemination
* Knowledge and use of WSS
* Counseling on the three ruler of home management of diarrhoea
* Knowledge of diarrhoea prevention

ARI
* Early identification of ARI Cases
* Treatment with 1st line of drugs
* Counseling on four rules of home management of cough & cold

NBP
* Vit. A supplementation
* Detection & case management of night blind cases
* Promotion of exclusive breast-feeding
* Promotion of use of supplementary food

Supporting Elements
* Registration (new born & pregnant women)
* ORS depot
* Training/Orientation
* Diseases Surveillance (Polio, Measles, Pneumonia Diphtheria, Whooping Cough Diarrhoea, Night Blind cases
* Referral and supervision
* FFL messages in local language

FIXED CENTER PACKAGE

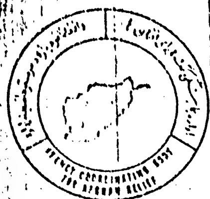
EPI
* Immunization (routine)
* Immunization Campaign(periodic)
* Encouragement for timely completion of immunization course
* Case management of measles, whooping cough, diphtheria, polio and tetanus

CDD
* Distribution of ORS
* Promotion of use of WSS
* Diarrhoea outbreak control measures
* Management of (diarrhoea & dehydration cases)

ARI
* Case management.
* Counseling to mother on four rules of home management of ARI.

NBP
* Vit. A supplementation
* Case management of Xerophthalmia
* Nutrition education

Supporting Elements
* Cold chain facility
* Training/Orientation
* Provision of essential drugs
* Establishment of ORT corner
* District health data base (disease profile)
* Logistic support to outreach
* Referral and supervision
* FFL messages in local language



ACBAR

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AGENCY COORDINATING BODY FOR AFGHAN RELIEF

NATIONAL IMMUNIZATION DAYS (NIDs)
SOCIAL AWARENESS AND MOBILIZATION SUB-COMMITTEE
Minutes of the 2nd meeting

13 February 1997

CHAIRPERSON: Belquis R.A. — ACBAR

PARTICIPANTS:

Alejo Bejemino	UNICEF
Sahib Jan Katawazi	WHO
Dr. Ahmadullah Ahmadzai	SCA
Dost Mohammad	IbnSina
Dr. Shoib Ahmadzai	AMI
Shirazuddin Siddiqui	BBC-AED

Agenda:
1. Minutes of the last meeting.
2. Advocacy on NIDs.
3. Media.
4. Media contacts.
5. Materials
6. Budget
7. Distribution.
8. Identify activities.

Minutes of previous meeting
The minutes of the last meeting were approved.

Advocacy on NIDs
Attached please find a time-table of implementation plan prepared by WHO and UNICEF.

Media
* BBC will cooperate in some aspects. The NIDs campaign will be publicized in both Pashtu and Dari languages on BBC's programs, including programs for women, youth and science. The packages have to be sent to BBC headquarters by the end of February. BBC will announce dates of the campaign a few days before it starts. The message for announcement should be sent to BBC ahead of time.
* AMI is going to announce the NIDs in its publication (Salamati), which will be released in the first half of March.

For a special publication of Salamati on NIDs. UNICEF will be asked for additional funding.

Media contacts
Communication is the main issue. Therefore, the sub-committee will look at media coverage, which will include how to bring the message across; who will be contacted; what the message will be; how to contact the outlying districts to be able to reach every family.

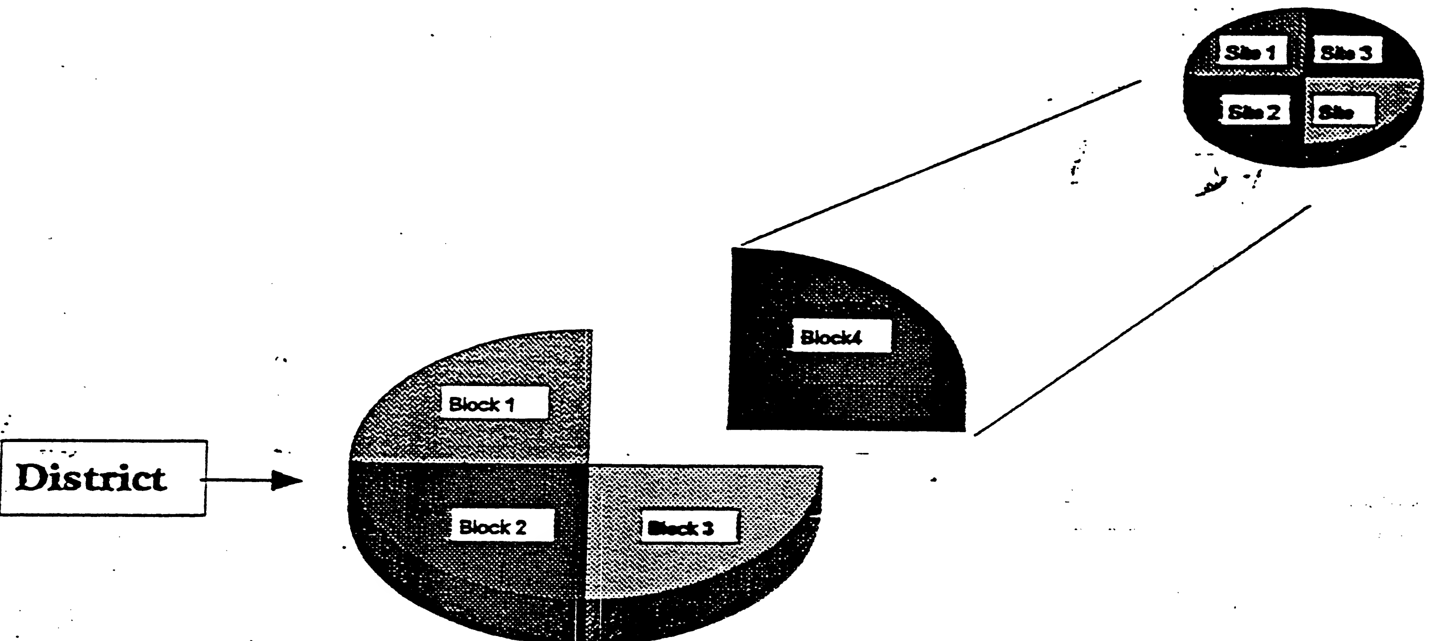
WHO accepted the responsibility to contact other sources such as local radio stations, newspapers, etc.

2 Rehman Baba Road,
University Town,
Peshawar.
Tel : 092 - 521 - 40839 / 44392
45347 / 45316

Postal Address
Univ. P.O. Box: 1084
University Town
Peshawar, NWFP., Pakistan
Fax : 092 - 521 - 840471

OUT REACH SITE STRATEGY

Outreach sites in a block



1) For the purpose of planning and selection of the outreach site location whitin the 5-8 Km radius of fixed center, every district can be divided into 4 blocks. On an average, 4 sites can be identified in each block.

2) In each block one/ two person(s) should be identified as community volunteer who will be reesponsible for organizing the vaccination session on the specific date/ time, inform community about the date/ time of the visit of vaccinator/ Health worker, obtain information about new born, Neonatal death, as well as Measles and Polio cases.

3) Session should be held once in a month on a regular basis which should be known to the community well in advance.

EPI PLUS

* UNICEF and WHO with the support of major NGOs took the initiative to rebuild the health service delivery system to a level where a package of essential maternal and child survival services could be provided .

* The strategy includes establishment of regional management teams, involving health departments, NGOs and UN agencies.

* This regional approach is seen as a frame work to plan and implement minimum PCH services in the country.

* EPI, an essential component of maternal and child health services, is an important entry-point for strengthening delivery of other primary health care initiatives.

* Contacts with children as well as their mothers during immunization offers an unique opportunity for providing other basic health services from a single delivery point.

* "EPI Plus", an approach to combined delivery of basic health services has been conceived to implement an integrated services based on EPI experience.

* EPI Plus approach focuses on:
  a) raising immunization coverage to a stage of eradication of poliomyelitis, elimination of neonatal tetanus and reduction in incidence of measles cases and deaths;

b) reduction of deaths due to diarrhoea and acute respiratory infections in children under the age of five years, and

c) elimination of vitamin A deficiency and its consequences including childhood blindness.

* For the purpose of providing EPI and other related services it is planned to gradually establish at least one fixed center in each of the 330 districts. In addition, a minimum of eight outreach sites will be established within the catchment area of each fixed center to ensure availability of services within the easy reach of the beneficiaries.

* The vaccinators and health workers are expected to establish a first level of contact with the children and mothers at these EPI fixed centers and outreach sites.

* Maximal utilization of these contacts are possible to provide a wide array of additional essential services like CDD, ARI, VAC to the target groups. In the long run, these delivery outlets could be used for promotion of improved hygiene practices, village information center and home garden demonstration.

* For preventing the nutrition blindness, distribution of high potency Vitamin A Capsule (VAC), a component of EPI plus, has been integrated with EPI service delivery in areas where fixed and outreach networks have started functioning.

EPI Plus Components:

EPI:

Vaccine preventable diseases account for almost one fifth of childhood mortality and morbidity.

Measles and measles related complications account for a large number of child mortality.

A portion of children also become disabled due to paralytic polio every year.

Due to low level of TT immunization coverage among women of child bearing age group the incidence of neonatal tetanus is very high.

CDD:

Poor environmental sanitation and hygiene practices combined with limited use of safe water for all domestic purposes contribute to high diarrhoeal incidence and parasitic infections among children.
Lack of exclusive breast-feeding and prevalence of measles also contribute to high morbidity and mortality among those who suffer from repeated diarrhoea episodes.

Acute Respiratory Infections(ARI):

Acute respiratory infections, alone or in combination with diarrhoea and malnutrition, are another significant cause of preventable deaths among children below the age of five.

Measles, whooping cough, Vitamin A deficiency are contributing factors for mortality due to pneumonia. The interlinkage between ARI and other essential child survival components are important to reduce ARI related morbidity and mortality.

Nutrition Blindness Prevention(NBP):

The main causes of high level of vitamin A deficiency are low intake of food rich in vitamin A and fat, malnutrition and a high incidence of infectious diseases such as diarrhoea as well as respiratory infections and measles.

These contribute to high rates of infant and under five morbidity and mortality.

* Activities

Support to Regional and Provincial Management Teams

Service Delivery Through Fixed and Outreach Site Networks

Training/Orientation for managers, staff and communities on combined service delivery approach in line with EPI Plus concept.

Disease Surveillance

Social Mobilization, Communication and Advocacy

Collaboration with NGOs

ACBAR
HEALTH SUB-COMMITTEE MEETING
Held on Wednesday 8 November 1995

By: Karim Rahimi

The chairman welcomed the participants, and thanked them for attending the meeting. After the introduction was completed, the chairman draw attention of the floor to the agenda and started the meeting.

I. Approval of the agenda and minutes of the last meeting

The agenda and minutes of the last meeting were approved.

II. Announcements

Dr. Anwarulhaq, Director of IMC, said that he had attended a two week health workshop on management and prevention of Cholera & other Diarrhoeal Diseases, in Dhaka, Bangladesh. The workshop was conducted by International Center for Diarrhoeal Diseases Research (ICDDR) and sponsored by ODA and USAID. He viewed that the workshop was very useful and an effective approach towards the aim. He further said that he is ready to share his ideas and experience, gained at the workshop, with anybody if interested.

The participants expressed their interest and recommended that conducting this type of workshops would be very helpful in Afghanistan which is a diarrhoeal diseases affected country. Relevantly, the chairman recommended if IMC, UNICEF, and other interested agencies get together and hold effective discussions to formulate a joint proposal for conducting such a workshop in Afghanistan.

The representative of CHTG announced that his organization plans to provide education for disabled in Nangarhar. He requested the agencies to provide CHTG information on disabled education and activities.

The chairman advised CHTG to attend ACBAR Disability Sub-committee meeting and seek assistance in this regard.

The representative of ADS stated that the residents of Khost, Paktia and Ghazni had requested ADS to provide disabled persons free health services. He called on the agencies involved in health to provide free services or at least observe concession in charges of health services to disabled in Afghanistan.

HRO promised to convey the message to the Director of HRO hospital in Khost.

ICD said that there is a joint UNHCR and PRCS project which provide assistance to disabled Afghans. It would be helpful if they are contacted.

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III. **Election of Deputy Chairperson**

The floor unanimously elected Dr. Roohullah from SCA, as Deputy Chairman of the Health Sub-committee and congratulated him for his new assignment.

IV. **Briefing on EPI Plus by UNICEF**

The Chairman deeply thanked Mr. Mahboob Shareef, UNICEF representative, for accepting the invitation to attend the meeting and hoped that UNICEF regularly participate in the Health Sub-Committee meetings.

(For detailed information on this topic, please see the attached papers prepared by UNICEF)

Briefing the floor on EPI Plus, the representative of UNICEF said that Expanded Programme for Immunization (EPI) is of the most extensive and effective health programmes. Services have been expanded to 29 provinces of Afghanistan. This programme attains extensive support of NGOs, i.e. AVICEN, SCA, IRC, GAF, IIRO. Regional management teams are currently functioning in Kabul, Herat, Mazar-i-Sharif, Jalalabad and Kandahar, while their functioning is still awaited in Ghazni, Bamyan and Takhar; these teams intend to work on community involvement and to establish contact with child and mother.

According to a rough estimation if there are 1 million children we should have 1 million contacts with children and mothers for EPI services. The number of contacts would raise to 4 million if all children come for completion of all the antigens. These opportunities can be utilized to provide other essential MCH services introduced in the form of EPI Plus components.

1. EPI - Expanded Programme for Immunization
2. CDD - Control of Diarrhoeal Diseases
3. ARI - Acute Respiratory Infections
4. NBP - Nutrition Blindness Prevention

The strategy of establishing district based fixed centers and eight village based outreach networks have already been applied in some areas, e.g. Nangarhar. In the long run, establishment of at least one fixed center in each districts of Afghanistan, and then forming outreach network for each fixed center is foreseen. The outreach network provide services and refer the cases to fixed centers. 1996 will be the year for EPI Plus expansion throughout Afghanistan.

UNICEF clarified that the initiative is for the whole Afghanistan and everybody can take part in it. Success of EPI Plus programme will not be possible without the community support. He further, sought the support of NGOs, and said that the initial thinking in this regard will comprise selection of partner NGOs who could introduce qualified male and female vaccinators and health workers.

SCA said that under EPI Plus programme, vaccinators perform BHWs activities. Appropriate training will be required for the vaccinators to become multi purpose health workers.

UNICEF mentioned that under EPI Plus programme, vaccinators will receive necessary training to provide wide-range health services to the people; in other words, they will be trained multi-purpose health workers.

IMC did not agree with the idea of multi-purpose health workers and expressed concern over the type of training as well as the prospect of their adjustment within the structure of MOPH in the future.

UNICEF stated that the provincial and central authorities were involved in the establishment of regional management teams. As Vaccinators provide health services, they are health workers and have their place within the health structure.

Responding to a question from ICD, UNICEF agreed that nutrition is a part of EPI Plus; distribution of vitamin A capsules, is a part of micro-nutrient intervention. Nutrition education will be a part of message dissemination campaign under EPI Plus banner.

ISRA appreciated the idea of EPI Plus very much, and he stressed more on developing Primary Health Care (PHC). He believed that it will greatly help if the agencies get together and work on PHC programmes for Afghanistan. The Health Management Teams of EPI Plus could include carrying out PHC programme. He emphasized that 60% of population in countries like Afghanistan live in rural areas; while PHC can solve 80% problems of the people, thus only 20% of cases would stay referable to big hospitals and health centers. This idea saves money and efforts.

He further added that even illiterate villagers could be trained to provide health services. He provided an example of MCH programme in Suddan, where illiterate women were trained who proved to be excellently performing.

AVICEN commented that vaccinators will not be able to provide PHC services in their once a month visit to villages due to the large number of children.

UNICEF viewed that the problem pointed out will be resolved if a standard system exists for the health workers to visit villages regularly every month. Thus, the number of children who come for EPI facilities would reduce considerably and ultimately, PHC services could be applied.

WHO stated that their TBA training programme includes the coverage of some extra health programmes, e.g. MCH, EPI services.

SCA said that programmes should be accessible. As the clinics are far away from each other, PHC workers would be of great help and easily accessible to the people. He recommended to have a standard training for PHC programme.

V. **A brief presentation on Addiction Rehabilitation program - by ISRA**
This item was postponed for the next Health Sub-committee meeting, since the current meeting ran short of time.

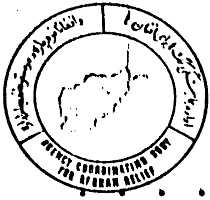
VI. **Any other business**
WHO reported that they have started training of female auxiliary-nurses at Mirwais Hospital, Kandahar. The programme started on 5th November with 20 trainees enrolled. WFP provides wheat for trainers as well as trainees in this project.

Having no any other business, the meeting was adjourned.

THE PARTICIPANTS:

NAME	AGENCY	NAME	AGENCY
Dr. Mirghani (Chairman)	ISRA	Azizullah Noor	SERVE
Dr. A. M. Saadat	ICD	Dr. Zabihulla	CHTG
Dr. Roohullah Shoban	SCA	Dr. Esmatullah	NAC
Mr. Mahboob Sharif	UNICEF	Dr. Anwarulhaq	IMC
Dr. Ahmadzai	AVICEN	Dr. Reha	MMC
Dr. Mohammad Sharif	IIRO	Dr. Lailoma	AWC
Waheeda Farouk	BEFARe	Dr. Amina	WHO
Karim Rahimi	ACBAR	A. Jawed Ludin	ACBAR

THE ABSENTS:
ADS, AMA, AMIA, ARC, ARF, ATA/AP, HAF, IRC/HERC, IRC/RPA, LBI, MRCA, MSF/F, MSF/H, MSF-HN, NCA/NRC, ORA, RADA, RBS, SGAA, UNDCP.



ACBAR

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AGENCY COORDINATING BODY FOR AFGHAN RELIEF

ACBAR
HEALTH SUB-COMMITTEE MEETING
Held on Wednesday 6 December 1995

Chairman: Dr Mirghani, ISRA

Minutes: Liz Spencer, ACBAR

Present: Mahboob Sharif, UNICEF. Dr Mirza Jan, ISRA. Waheeda Farouk, BEFARe. Dr Naveeda Bano, UNHCR. Dr Ahmadullah Ahmadzai, AVICEN. Dr Muhammad Sharif, IIRO. Dr Zamani, AMA. Sultn Hamid, SGAA. Dr Abdul Qayoum Malekzad, HHC. Dr Anwarulhaq, IMC. Abdul Jalil Seddequi, WRC. Dr Noori, WRC. Dr Gul Sher Ahad, KRCS. Dr A Elsanousi, KRCS. Dr Saddat, ICD, Shafiq Ahmad and Liz Spencer, ACBAR.

Absent: SCA, HRO SERVE, CHTG, NAC, MMC, AWC, WHO, ADS, AMIA, ARC, ARF, ATA/AP, HAF, IRC/HERC, IRC/RPA, LBI, MRCA, MSF/F, MSF/H, MSF-HN, NCA/NRC, ORA, RADA, RBS, UNDCP.

I Approval of the Agenda and minutes of the last meeting.

It would appear that not all members of the committee are receiving the minutes. Liz will ensure that the ACBAR mailing list is up to date with the correct names.

II Announcements

Liz Spencer was introduced to the meeting. Liz is the new Personal Assistant to the Executive Director and Operations Officer and will be responsible for the minutes of this committee.

AMA have re-opened four health centres Narang, Pech, Sazkani and Kunar and are coordinating with the local authorities and SCA. They transferred staff from Peshawar reducing the number of health centres in Peshawar from four to two.

IMC Have been running a training programme since June. Approximately ten students are given two weeks practical experience in Qarabagh for a two week period. So far one hundred and eleven students have completed this training. The project is funded by UNHCR.

UNHCR held their annual health seminar last week. It was very successful and a lot of information was exchanged concerning refugees, health care, needs etc. A handout of their policy guidelines was distributed. If anyone is interested in more information from the seminar contact the Chairman, Dr Mirghani.

2 Rehman Baba Road,
University Town,
Peshawar.
Tel : 092 - 521 - 40839 / 44392
45347 / 45316

Postal Address
Univ. P.O. Box: 1084
University Town
Peshawar, NWFP., Pakistan
Fax : 092 - 521 - 840471

Materials
It was suggested that materials . i.e. posters, stickers, banners, leaflets, fliers, used in Pakistan NIDs last year, can be used after translation to Dari and Pashtu. UNICEF would send the materials to ACBAR to be distributed with the minutes of the meeting.

The committee members will then discuss materials in more detail at the next meeting and try to come up with new and better ideas.

UNICEF logistic department will make sure that the communication materials are sent some time before the starting date of the campaign.

Budget;
The campaign is estimated to cost about $1. 5 million, including vaccine, cold chain equipment, incentive for personnel, transportation and publicity materials. UNICEF and WHO are going to work on the issue. Members will be briefed on the results at the next meeting.

Distribution;
Distribution of supply will be organized by the logistic department of UNICEF.

Identify activities;
The member agencies will prepare action plans for the campaign which will be combined and finalized in the next meeting.

The next meeting will be held on 23 February, 10 am, ACBAR conference room.

Draft agenda for the next meeting

Minutes of the previous meeting
Action plan/ identification of activities
Selection of materials for publicity
Budget

UNHCR now run twenty one health centres and assist NGOs with an additional fifty. There are many health centres in Peshawar that could be taken over, if anyone is interested please contact UNHCR, Dr Navida.

It was suggested by the Chairman that a Working Group be set up to look into specific problems in the health care system and ways to resolve them. It is hoped that this would also lead to better communication between the health care units in Afghanistan and Pakistan. Everyone supported this idea and a Work Group will be set up in the near future. An initial group was appointed to work out the Terms of Reference which will be distributed at the next meeting. In future the Work Group will be a fixed agenda point and will give a brief report to the committee.

The members of the initial group are:-

ICD, UNHCR, UNICEF, KRCS, ISRA, IIRO, AMA and ACBAR will be responsible for the minutes. A meeting date was fixed for Wednesday 13 December 1995 at 2.00pm, ACBAR Conference Room.

Islamic Relief Agency (ISRA) conducted two training courses in Kunar province. These courses were, for the training of Judges and district administrators in anti-drug abuse awareness and creation campaign. There were fifty participants and the programme was funded by UNDCP.

III Dr Ahmad Elzein, Consultant Health UNHCR was unable to attend the meeting. It is hoped that he will be able to give his presentation on "Primary Health Care through Effective Community Participation" at a later date.

Since this is such an important issue a general discussion took place on the subject. It was agreed that Basic Health Care starts with education at all levels. Parents should be taught basic care and health workers and doctors should be encouraged to pass on as much information as possible. The information should concern symptoms of simple and common diseases, advice on how to deal with them and where possible how to prevent them. It may be necessary to train the health workers and doctors on the best way of approaching some of these subjects.

UNHCR presently use charts and cassettes in their teaching programme, BEFARe are using similar methods but concentrate their efforts in the refugee camps.

This is a subject that needs much discussion and work and is one of the things the Working Group will be looking into.

The meeting also discussed the need for PHC. Due to the present situation in Afghanistan and the lack of funding most health authorities are unable to cover all health services and areas.

IV The presentation on Addiction Rehabilitation Programme by ISRA had to be postponed until the next meeting due to lack of time.

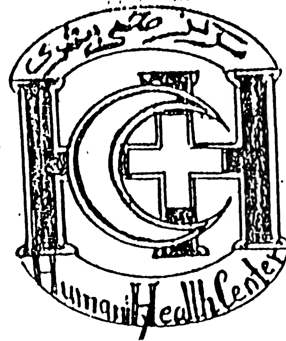
V Any other business.

Both HHC and WRC, Noor Eye Clinic had prepared papers to present to the committee, a copy is attached. If you have any comments or can assist these organisations in anyway it would be gratefully received.

Meeting ended at 12 noon.

Next meeting: Sunday 14 January 1996, 10.00 am at ACBAR, Conference Room.

بسم الله الرحمن الرحيم



To : ACBAR Health Sub Committee

Date: December 5, 1995

Humanity Health Center (HHC) is one of the health centers in Pakistan which serves Afghan refugees. The priority is being given to a big number of people whose families and children are suffering from diseases.

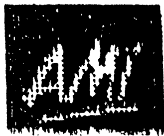
The patients referring to this center mainly include the refugees who have lost their property in the Afghanistan due to the current in-fighting between the rival groups inside Afghanistan. They cannot afford treatment and other health care expenses. Keeping in view the great number of tropical diseases and the potential spread of deadly epidemics and the poor condition of the new refugees, this center was established to help provide basic health care.

The Center started its activities on 1st November 1994 under the name of Humanity Health Center. The main activities which have been/are planned to be undertaken are as following:

- Primary Health Care
- Mother and Children Health Care (Health education, Nutrition training, Dai training)
- Vaccination activities (not started so far due to lack of vaccine supplies)
- Sanitation (water supply, use of latrine, personal hygiene)
- Training of community leaders and inhabitants for prevention of drug addiction in the society (anti drug propagation, opiacea, Hashish)

The Center started its activities initially with 18 staff members, but due to the limited funding available the number of staff has been reduced to 8 persons. In order to run the center a maximum of 10 Rps. per patient was charged at the beginning. Later this amount increased to 15 Rps. per consultation. In addition, 10 Rps. is charged for laboratory examination. This amount is being used for issuing the salaries of the staff and to resupply laboratory requirements.

The staff of HHC are ready to continue their services in every part of Afghanistan and in other parts of the world.



AIDE MEDICALE INTERNATIONALE AFGHANISTAN
PESHAWAR OFFICE
Rémy Reymann, coordinator

I.M.C.
Attn. Dr. ANWARULHAQ
HAYATABAD, Ph. II, St. 3 - J/3, Ht B2

CC : Mr. Charles Mc Faden, ACBAR

Peshawar, December 2nd 1995

Dear Mr. Anwarulhaq,

Unfortunately we could not manage to attend the Health Sub-Committee Meeting on November 8th, as we are more and more taken by our activities in Kabul and consequently less available in Peshawar. However, I could read the minutes of the meeting.

I thought that your intervention about "the idea of multi-purpose health workers" was extremely adequate and I strongly regret that your opinion could not find a majority. We are sorry to realise that in educational matters international organisations keep thinking and acting as they did before 1992, i.e. low quality trainings which are not integrated into a real planning in this field. We keep on training people in a perspective of emergency ("to be on the field") whereas we know that the real emergency is the coordination of existing medical actors, the standardisation of the trainings and their integration within the structure of MOPH. The real emergency is to reinforce the state educational seminars and not to create more "NGO trainings" which are a waste of money and do not offer any perspective for the future.

I just wanted to express my approval and my hope to start at the beginning of 1996 a serious concertation on this matter, together with the NGOs concerned and MOPH.

Best regards,

p.o. [signature]

Rémy Reymann

Sunda

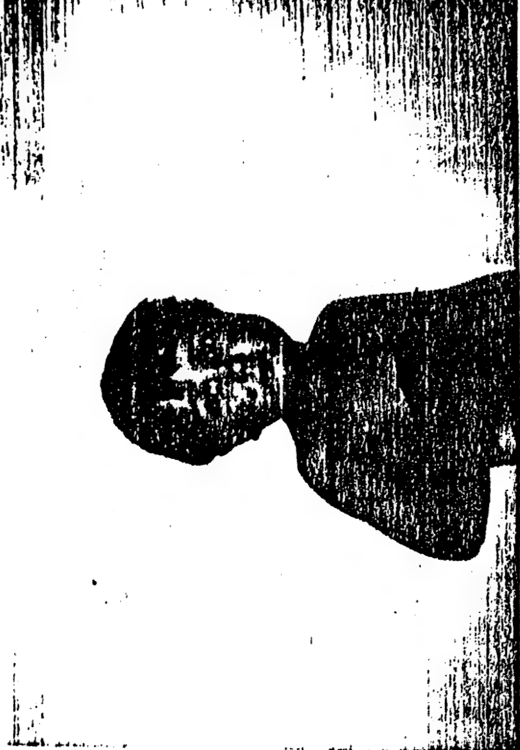
We invite the interested donors to visit the center and observe the facilities which are provided to the needy patients with a very limited source of income. Any assistance towards enlargement of this center is widely welcomed.

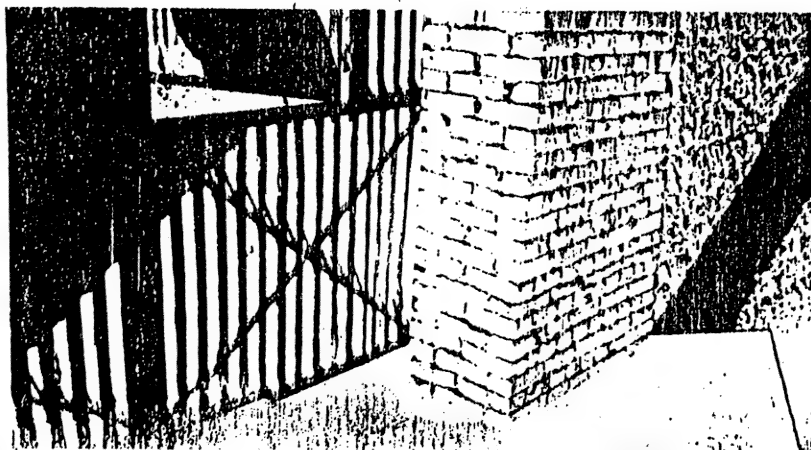
Address:

Center: Shakas, Katch Jamrud, west of Hayatabad Bus Station, Peshawar, Pakistan.
Office: 2nd floor, Rabia medicos, Nasir Bagh Road, Peshawar, Pakistan.

Contact: Dr. Abdul Qayoum Malekzad





1-12-1995

Annual Report of Humanity Health Center

No.	Name of Diseases	Months of the year													Total
		11.94	12.94	1.95	2.95	3.95	4.95	5.95	6.95	7.95	8.95	9.95	10.95	11.95	
30	Duodenal Ulcer	0	0	5	7	4	0	6	6	5	11	10	7	4	65
31	U.T.I.	1	5	12	16	0	7	8	10	3	3	2	3	2	72
32	Thyphoid Abdominal	1	0	6	3	0	1	0	0	3	3	1	2	3	23
33	Measle	0	0	5	0	4	7	0	0	0	2	1	2	3	24
34	Chicken Pox	0	1	0	0	0	0	0	2	0	0	2	0	0	5
35	Recketis Vit. D Defeciency	1	0	0	0	0	2	1	0	3	0	4	1	0	12
36	Hypertension	3	7	8	12	5	1	2	2	6	1	8	4	6	65
37	Hypotension	0	0	0	3	2	5	3	4	3	9	3	8	6	46
38	Dyskinesia	0	0	0	2	0	2	2	3	5	4	3	12	6	39
39	Jingivite Stomatitis	0	0	0	0	0	1	1	0	3	0	0	1	0	6
40	Folic Anemia Def.	2	6	9	15	16	11	9	13	14	6	16	18	12	147
41	Iron Defeciency	1	0	0	1	0	5	3	2	4	8	7	4	5	40
42	Scabis	0	3	12	0	5	2	0	7	3	1	4	6	2	45
43	Piodermitis	0	2	12	2	4	8	1	2	4	0	2	1	2	40

Annual Report of Humanity Health Center

No.	Name of Diseases	Months of the year													Total
		11.94	12.94	1.95	2.95	3.95	4.95	5.95	6.95	7.95	8.95	9.95	10.95	11.95	
16	Oxuriasis	0	15	12	5	12	4	3	7	5	2	1	6	5	77
17	Otitis	3	0	7	7	5	5	3	3	4	8	6	5	7	63
18	Rhumatism A.A	0	0	0	1	0	0	0	1	2	0	0	1	2	7
19	Rhumatoid A.	0	0	0	0	0	0	0	2	1	2	4	3	4	16
20	Mitral Stenosis	0	0	0	0	1	0	1	2	0	3	0	4	1	12
21	Mitral Insufficiency	1	2	0	1	0	0	0	1	2	0	0	1	2	10
22	Mitral Disease	0	0	0	0	1	0	0	0	0	2	0	0	1	4
23	Ichimic Heart Disease	0	0	0	0	0	1	1	0	0	0	1	0	0	3
24	Bronchitis	4	2	7	4	5	18	10	11	12	11	12	13	15	124
25	Gripp	2	6	0	15	18	8	10	14	12	10	9	7	6	117
26	Broncho Pneumania	4	2	7	4	5	18	13	11	12	11	10	12	13	122
27	C.O.P.D.	0	0	3	1	0	0	1	0	2	0	1	2	4	14
28	TB Pulmonal	0	0	0	2	0	4	2	3	4	7	4	4	0	30
29	Gastritis	1	5	6	11	0	12	[illegible]	14	13	0	13	12	6	102

1-12-1995

Annual Report of Humanity Health Center

No.	Name of Diseases	Months of the year													Total
		11.94	12.94	1.95	2.95	3.95	4.95	5.95	6.95	7.95	8.95	9.95	10.95	11.95	
1	Malaria p.v.	7	12	17	19	15	8	9	31	28	26	23	7	16	218
2	Malaria PF	0	0	1	0	0	0	0	0	0	0	0	1	0	2
3	Amebiasis	2	0	5	5	10	6	13	15	12	11	13	4	8	104
4	Giardiasis	1	0	2	2	17	13	15	12	12	14	15	14	6	123
5	Tonsilitis	1	0	5	5	10	6	13	15	11	13	14	11	3	107
6	Cholecystitis	0	0	0	0	0	0	1	0	2	8	0	0	0	11
7	Hepatitis	0	0	0	0	0	1	2	1	2	2	1	2	1	12
8	Orchitis	0	0	2	0	1	0	0	1	0	0	1	4	4	13
9	Mastitis	1	0	0	0	1	0	1	1	0	0	1	0	3	8
10	Gastroentritis	1	5	6	16	0	12	14	9	14	13	12	6	4	112
11	Vaginitis	0	0	0	0	1	3	0	0	1	0	2	2	1	10
12	Vulvo vaginitis	0	0	1	0	0	0	1	2	0	0	2	3	0	9
13	Ascaredosis	1	11	6	0	?	0	4	0	6	1	12	6	3	52
14	Teania Saginata	0	2	1	2	1	0	0	1	0	2	0	1	1	11
15	T. H nana	1	0	0	0	2	0	0	0	2	0	0	1	1	7

1-12-1995

Annual Report of Humanity Health Center

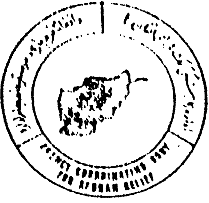
No.	Name of Diseases	Months of the year													Total
		11.94	12.94	1.95	2.95	3.95	4.95	5.95	6.95	7.95	8.95	9.95	10.95	11.95	
1	Malaria p.v.	7	12	17	19	15	8	9	31	28	26	23	7	16	218
2	Malaria PF	0	0	1	0	0	0	0	0	0	0	0	1	0	2
3	Amebiasis	2	0	5	5	10	6	13	15	12	11	13	4	8	104
4	Giardiasis	1	0	2	2	17	13	15	12	12	14	15	14	6	123
5	Tonsilitis	1	0	5	5	10	6	13	15	11	13	14	11	3	107
6	Cholecystitis	0	0	0	0	0	0	1	0	2	8	0	0	0	11
7	Hepatitis	0	0	0	0	0	1	2	1	2	2	1	2	1	12
8	Orchitis	0	0	2	0	1	0	0	1	0	0	1	4	4	13
9	Mastitis	1	0	0	0	1	0	1	1	0	0	1	0	3	8
10	Gastroentritis	1	5	6	16	0	12	14	9	14	13	12	6	4	112
11	Vaginitis	0	0	0	0	1	3	0	0	1	0	2	2	1	10
12	Vulvo vaginitis	0	0	1	0	0	0	1	2	0	0	2	3	0	9
13	Ascaredosis	1	11	6	0	[illegible]	0	4	0	6	1	12	6	3	52
14	Teania Saginata	0	2	1	2	1	0	0	1	0	2	0	1	1	11
15	T. H nana	1	0	0	0	2	0	0	0	2	0	0	1	1	7

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1–12–1995

Annual Report of Humanity Health Center

No.	Name of Diseases	Months of the year													Total
		11.94	12.94	1.95	2.95	3.95	4.95	5.95	6.95	7.95	8.95	9.95	10.95	11.95	
44	Furoncle	0	0	0	0	2	1	1	0	2	5	0	1	4	16
45	Eczema	1	0	0	2	11	4	0	6	1	5	2	7	9	48
46	Otitis	3	0	7	7	5	4	3	3	4	8	6	5	7	62
47	Conjectivit	1	4	0	4	6	3	1	0	3	3	2	1	2	30
48	Osteomyelitis	0	0	0	0	1	0	0	1	0	0	0	0	1	3
49	Neuritis	0	0	8	20	5	14	2	0	0	1	2	1	0	53
50	Dehydration	0	0	0	0	16	18	0	0	2	0	1	0	1	38
51	Meningitis	0	0	0	0	0	1	0	0	0	1	0	1	0	3
52	Migrain	1	1	0	0	1	0	0	2	0	0	1	0	0	6
53	D.N.V.	0	0	0	5	15	0	1	3	1	2	0	3	4	34
54	Periartitis	1	2	1	12	2	0	4	6	2	1	2	3	5	41
55	Varicose vein	1	0	0	0	0	2	0	1	0	2	0	1	1	8
56	Myalgia	0	2	5	4	14	0	0	4	6	2	4	5	7	53
57	Rhinitis	0	0	0	0	2	0	1	0	2	0	1	0	1	7



ACBAR ای سی بی ای آر

AGENCY COORDINATING BODY FOR AFGHAN RELIEF

HEALTH SUB-COMMITTEE MEETING

Held on 16 February 1997

Chairperson:	*Dr. Mirza Jan*	*ISRA*
Minutes:	*Belquis R.A.*	*ACBAR*
Participants:	*Dr. M. Shoaib Abedi*	*Ibn-Sina*
	Dr. M. Shoaib Ahmadzai	*AMI*
	Waheeda Farook	*B.E.F.ARE*
	Dr. M Saeed	*SCA*
	Dr. Haider	*RADA*
	Dr. Rona	*AIL*
	Parwin	*AIL*
	Mir Ahmad Shah	*H.M.R.B*
	Dr. M Farid Bazger	*ORA*
	Dr Saadat	*ICD*

Agenda:
The following agenda was approved
- Minutes of the last meeting and agenda
- Announcements
- Request by Education Sub-committee for policy statement from Health Sub-committee
- Report on National Immunization Days -polio (NIDs)
- Any other business

Minutes of the last meeting
It was suggested that in the second paragraph of the last meeting ,TBA should be added after Dias in a bracket to make it more clear.

ACBAR was criticized for very late circulation of the agenda and minutes of the last meeting. Most of the members had not received both the minutes and the agenda on time.

The drug list circulated to the NGOs was not clear enough. Therefor, it was suggested that (✓) should be marked in the table for drugs to be sent to different health centers by ACBAR.

Announcements
No announcements were made.

Request by the Education Sub-committee for policy statement from Health Sub-committee
Due to low attendance, the issue was postponed to the next meeting.

Report on National Immunization Days -polio (NIDs)
A brief progress report was given by Dr. Shoaib Ahmadzai from AMI as follows:

2 Rehman Baba Road,
University Town,
Peshawar.
Tel : 092 - 521 - 40839 / 44392
45347 / 45316

Postal Address
Univ. P.O. Box: 1084
University Town
Peshawar, NWFP., Pakistan
Fax : 092 - 521 - 840471

Annual Report of Humanity Health Center

Nc.	Name of Diseases	Months of the year													Total
		11.94	12.94	1.95	2.95	3.95	4.95	5.95	6.95	7.95	8.95	9.95	10.95	11.95	
58	Rhinopharingitis	0	0	0	0	2	1	2	2	1	4	1	5	2	20
59	Non specific Diarrhea	0	0	0	0	2	2	5	2	4	6	5	3	3	32
60	Asthma Bronchitis	0	0	4	0	6	0	0	5	1	0	2	4	0	22
61	Rubilla Skin rush	1	0	0	2	4	2	0	0	1	0	0	1	0	11
62	Epelipsia	1	0	1	0	1	0	0	0	1	1	2	0	0	7
63	Pruritus Scrotatis	0	0	0	0	0	2	0	3	0	1	0	2	0	8
64	Urticaria	2	2	0	0	1	3	2	1	4	6	2	1	1	25
65	U.N.O.F.	1	0	0	16	0	3	6	5	4	3	7	6	4	55
66	Low back pair.	3	0	0	5	4	5	3	4	5	2	6	8	7	52
67	Menopasal Syndrome	0	0	2	0	0	0	1	0	0	2	0	1	2	8
68	Avitaminoze	6	15	20	25	14	10	12	16	10	18	13	11	15	185
69	Pregnancy	0	1	0	3	4	0	5	2	0	0	3	4	8	30
70	Hypothraphy Troid	2	3	1	7	6	4	2	6	5	8	6	5	9	64
71	Tricophtiacutane	0	0	1	3	0	2	7	0	1	2	0	2	1	19
72	Fovus	0	0	0	0	2	0	0	1	0	0	2	0	0	5
	Total	111	168	215	288	289	272	244	309	307	313	330	326	310	3074



ACBAR ای سی بی ای آر

AGENCY COORDINATING BODY FOR AFGHAN RELIEF

ACBAR
HEALTH SUB-COMMITTEE MEETING
Held on Wednesday 6 December 1995

Chairman: Dr Mirghani, ISRA

Minutes: Liz Spencer, ACBAR

Present: Mahboob Sharif, UNICEF. Dr Mirza Jan, ISRA. Waheeda Farouk, BEFARe. Dr Naveeda Bano, UNHCR. Dr Ahmadullah Ahmadzai, AVICEN. Dr Muhammad Sharif, IIRO. Dr Zamani, AMA. Sultn Hamid, SGAA. Dr Abdul Qayoum Malekzad, HHC. Dr Anwarulhaq, IMC. Abdul Jalil Seddequi, WRC. Dr Noori, WRC. Dr Gul Sher Ahad, KRCS. Dr A Elsanousi, KRCS. Dr Saddat, ICD, Shafiq Ahmad and Liz Spencer, ACBAR.

Absent: SCA, HRO SERVE, CHTG, NAC, MMC, AWC, WHO, ADS, AMIA, ARC, ARF, ATA/AP, HAF, IRC/HERC, IRC/RPA, LBI, MRCA, MSF/F, MSF/H, MSF-HN, NCA/NRC, ORA, RADA, RBS, UNDCP.

I Approval of the Agenda and minutes of the last meeting.

It would appear that not all members of the committee are receiving the minutes. Liz will ensure that the ACBAR mailing list is up to date with the correct names.

II Announcements

Liz Spencer was introduced to the meeting. Liz is the new Personal Assistant to the Executive Director and Operations Officer and will be responsible for the minutes of this committee.

AMA have re-opened four health centres Narang, Pech, Sazkani and Kunar and are coordinating with the local authorities and SCA. They transferred staff from Peshawar reducing the number of health centres in Peshawar from four to two.

IMC Have been running a training programme since June. Approximately ten students are given two weeks practical experience in Qarabagh for a two week period. So far one hundred and eleven students have completed this training. The project is funded by UNHCR.

UNHCR held their annual health seminar last week. It was very successful and a lot of information was exchanged concerning refugees, health care, needs etc. A handout of their policy guidelines was distributed. If anyone is interested in more information from the seminar contact the Chairman, Dr Mirghani.

2 Rehman Baba Road,
University Town,
Peshawar.
Tel : 092 - 521 - 40839 / 44392
45347 / 45316

Postal Address
Univ. P.O. Box: 1084
University Town
Peshawar, NWFP., Pakistan
Fax : 092 - 521 - 840471

UNHCR now run twenty one health centres and assist NGOs with an additional fifty. There are many health centres in Peshawar that could be taken over, if anyone is interested please contact UNHCR, Dr Navida.

It was suggested by the Chairman that a Working Group be set up to look into specific problems in the health care system and ways to resolve them. It is hoped that this would also lead to better communication between the health care units in Afghanistan and Pakistan. Everyone supported this idea and a Work Group will be set up in the near future. An initial group was appointed to work out the Terms of Reference which will be distributed at the next meeting. In future the Work Group will be a fixed agenda point and will give a brief report to the committee.

The members of the initial group are:-

ICD, UNHCR, UNICEF, KRCS, ISRA, IIRO, AMA and ACBAR will be responsible for the minutes. A meeting date was fixed for Wednesday 13 December 1995 at 2.00pm, ACBAR Conference Room.

Islamic Relief Agency (ISRA) conducted two training courses in Kunar province. These courses were, for the training of Judges and district administrators in anti-drug abuse awareness and creation campaign. There were fifty participants and the programme was funded by UNDCP.

III Dr Ahmad Elzein, Consultant Health UNHCR was unable to attend the meeting. It is hoped that he will be able to give his presentation on "Primary Health Care through Effective Community Participation" at a later date.

Since this is such an important issue a general discussion took place on the subject. It was agreed that Basic Health Care starts with education at all levels. Parents should be taught basic care and health workers and doctors should be encouraged to pass on as much information as possible. The information should concern symptoms of simple and common diseases, advice on how to deal with them and where possible how to prevent them. It may be necessary to train the health workers and doctors on the best way of approaching some of these subjects.

UNHCR presently use charts and cassettes in their teaching programme, BEFARe are using similar methods but concentrate their efforts in the refugee camps.

This is a subject that needs much discussion and work and is one of the things the Working Group will be looking into.

The meeting also discussed the need for PHC. Due to the present situation in Afghanistan and the lack of funding most health authorities are unable to cover all health services and areas.

IV The presentation on Addiction Rehabilitation Programme by ISRA had to be postponed until the next meeting due to lack of time.

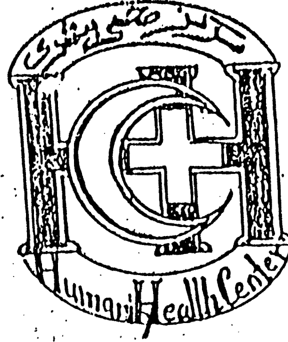
V Any other business.

Both HHC and WRC, Noor Eye Clinic had prepared papers to present to the committee, a copy is attached. If you have any comments or can assist these organisations in anyway it would be gratefully received.

Meeting ended at 12 noon.

Next meeting: Sunday 14 January 1996, 10.00 am at ACBAR C[illegible]

بسم الله الرحمن الرحيم



To : ACBAR Health Sub Committee

Date: December 15, 1995

Humanity Health Center (HHC) is one of the health centers in Pakistan which serves Afghan refugees. The priority is being given to a big number of people whose families and children are suffering from diseases.

The patients referring to this center mainly include the refugees who have lost their property in the Afghanistan due to the current in-fighting between the rival groups inside Afghanistan. They cannot afford treatment and other health care expenses. Keeping in view the great number of tropical diseases and the potential spread of deadly epidemics and the poor condition of the new refugees, this center was established to help provide basic health care.

The Center started its activities on 1st November 1994 under the name of Humanity Health Center. The main activities which have been/are planned to be undertaken are as following:

- Primary Health Care
- Mother and Children Health Care (Health education, Nutrition training, Dai training)
- Vaccination activities (not started so far due to lack of vaccine supplies)
- Sanitation (water supply, use of latrine, personal hygiene)
- Training of community leaders and inhabitants for prevention of drug addiction in the society (anti drug propagation, opiacea, Hashish)

The Center started its activities initially with 18 staff members, but due to the limited funding available the number of staff has been reduced to 8 persons. In order to run the center a maximum of 10 Rps. per patient was charged at the beginning. Later this amount increased to 15 Rps. per consultation. In addition, 10 Rps. is charged for laboratory examination. This amount is being used for issuing the salaries of the staff and to resupply laboratory requirements.

The staff of HHC are ready to continue their services in every part of Afghanistan and in other parts of the world.

The staff of HHC are ready to continue their services in every part of Afghanistan and in other parts of the world.

We invite the interested donors to visit the center and observe the facilities which are provided to the needy patients with a very limited source of income. Any assistance towards enlargement of this center is widely welcomed.

Address:

Center: Shakas, Katch Jamrud, west of Hayatabad Bus Station, Peshawar, Pakistan.
Office: 2nd floor, Rabia medicos, Nasir Bagh Road, Peshawar, Pakistan.

Contact: Dr. Abdul Qayoum Malekzad

Annual Report of Humanity Health Center

No.	Name of Diseases	1.95	2.95	3.95	4.95	5.95	6.95	7.95	8.95	9.95	10.95	11.95	12.95	Total
1	Malaria p.v.	17	19	15	8	9	31	28	26	23	7	16	14	213
2	Malaria PF	1	0	0	0	0	0	0	0	0	1	0	3	5
3	Amebiasis	5	5	10	6	13	15	12	11	13	4	8	11	113
4	Giardiasis	2	2	17	13	15	12	12	14	15	14	6	7	129
5	Tonsilitis	5	5	10	6	13	15	11	13	14	11	3	8	114
6	Cholecystitis	0	0	0	0	1	0	2	8	0	0	0	3	14
7	Hepatitis	0	0	0	1	2	1	2	2	1	2	1	5	17
8	Orchitis	2	0	1	0	0	1	0	0	1	4	4	2	15
9	Mastitis	0	0	1	0	1	1	0	0	1	0	3	5	12
10	Gastroentritis	6	16	0	12	14	9	14	13	12	6	4	7	113
11	Vaginitis	0	0	1	3	0	0	1	0	2	2	1	3	13
12	Vulvo vaginitis	1	0	0	0	1	2	0	0	2	3	0	2	11
13	Ascaredosis	6	0	2	0	4	0	6	1	12	6	3	5	45
14	Teania Saginata	1	2	1	0	0	1	0	2	0	1	1	3	12
15	T. H nana	0	0	2	0	0	0	2	0	0	1	1	4	10
16	Oxuriasis	12	5	12	4	3	7	5	2	1	6	5	7	69
17	Otitis	7	7	5	5	3	3	4	8	6	5	7	13	73
18	Rhumatism A.A	0	1	0	0	0	1	2	0	0	1	2	5	12
19	Rhumatoid A.	0	0	0	0	0	2	1	2	4	3	4	7	23
20	Mitral Stenosis	0	0	1	0	1	2	0	3	0	4	1	2	14

Annual Report of Humanity Health Center

No.	Name of Diseases	1.95	2.95	3.95	4.95	5.95	6.95	7.95	8.95	9.95	10.95	11.95	12.95	Total
21	Mitral Insufficiency	0	1	0	0	0	1	2	0	0	1	2	1	8
22	Mitral Disease	0	0	1	0	0	0	0	2	0	0	1	0	4
23	Ichimic Heart Disease	0	0	0	1	1	0	0	0	1	0	0	1	4
24	Bronchitis	7	4	5	18	10	11	12	11	12	13	15	22	140
25	Gripp	0	15	18	8	10	14	12	10	9	7	6	17	126
26	Broncho Pneumania	7	4	5	18	13	11	12	11	10	12	13	20	136
27	C.O.P.D.	3	1	0	0	1	0	2	0	1	2	4	3	17
28	TB Pulmonal	0	2	0	4	2	3	4	7	4	4	0	4	34
29	Gastritis	6	11	0	12	9	14	13	0	13	12	6	8	104
30	Duodenal Ulcer	5	7	4	0	6	6	5	11	10	7	4	6	71
31	U.T.I.	12	16	0	7	8	10	3	3	2	3	2	7	73
32	Thyphoid Abdominal	6	3	0	1	0	0	3	3	1	2	3	2	24
33	Measle	5	0	4	7	0	0	0	2	1	2	3	7	31
34	Chicken Pox	0	0	0	0	0	2	0	0	2	0	0	3	7
35	Recketis Vit. D Defeciency	0	0	0	2	1	0	3	0	4	1	0	2	13
36	Hypertension	8	12	5	1	2	2	6	1	8	4	6	11	66
37	Hypotension	0	3	2	5	3	4	3	9	3	8	6	9	55
38	Dyskinesia	0	2	0	2	2	3	5	4	3	12	6	8	47
39	Jingivite Stomatitis	0	0	0	1	1	0	3	0	0	1	0	2	8
40	Folic Anemia Def.	9	15	16	11	9	13	14	6	16	18	12	13	152

Annual Report of Humanity Health Center

No.	Name of Diseases	1.95	2.95	3.95	4.95	5.95	6.95	7.95	8.95	9.95	10.95	11.95	12.95	Total
41	Iron Defeciency	0	1	0	5	3	2	4	8	7	4	5	7	46
42	Scabis	12	0	5	2	0	7	3	1	4	6	2	4	46
43	Piodermitis	12	2	4	8	1	2	4	0	2	1	2	5	43
44	Furoncle	0	0	2	1	1	0	2	5	0	1	4	7	23
45	Eczema	0	2	11	4	0	6	1	5	2	7	9	7	54
46	Otitis	7	7	5	4	3	3	4	8	6	5	7	11	70
47	Coniectivit	0	4	6	3	1	0	3	3	2	1	2	5	30
48	Osteomyelitis	0	0	1	0	0	1	0	0	0	0	1	2	5
49	Neuritis	8	20	5	14	2	0	0	1	2	1	0	5	58
50	Dehydration	0	0	16	18	0	0	2	0	1	0	1	3	41
51	Meningitis	0	0	0	1	0	0	0	1	0	1	0	2	5
52	Migrain	0	0	1	0	0	2	0	0	1	0	0	3	7
53	D.N.V.	0	5	15	0	1	3	1	2	0	3	4	3	37
54	Periartitis	1	12	2	0	4	6	2	1	2	3	5	6	44
55	Varicose vein	0	0	0	2	0	1	0	2	0	1	1	2	9
56	Myalgia	5	4	14	0	0	4	6	2	4	5	7	11	62
57	Rhinitis	0	0	2	0	1	0	2	0	1	0	1	15	22
58	Rhinopharingitis	0	0	2	1	2	2	1	4	1	5	2	8	28
59	Non specific Diarrhea	0	0	2	2	5	2	4	6	5	3	3	7	39
60	Asthma Bronchitis	4	0	6	0	0	5	1	0	2	4	0	6	28

Annual Report of Humanity Health Center

No.	Name of Diseases	1.95	2.95	3.95	4.95	5.95	6.95	7.95	8.95	9.95	10.95	11.95	12.95	Total
61	Rubilla Skin rush	0	2	4	2	0	0	1	0	0	1	0	4	14
62	Epelipsia	1	0	1	0	0	0	1	1	2	0	0	2	8
63	Pruritus Scrotatis	0	0	0	2	0	3	0	1	0	2	0	1	9
64	Urticaria	0	0	1	3	2	1	4	6	2	1	1	2	23
65	U.N.O.F.	0	16	0	3	6	5	4	3	7	6	4	5	59
66	Low back pain	0	5	4	5	3	4	5	2	6	8	7	8	57
67	Menopasal Syndrome	2	0	0	0	1	0	0	2	0	1	2	4	12
68	Avitaminoze	20	25	14	10	12	16	10	18	13	11	15	13	177
69	Pregnancy	0	3	4	0	5	2	0	0	3	4	8	13	42
70	Hypothraphy Throid	1	7	6	4	2	6	5	8	6	5	9	8	67
71	Tricophtiacutane	1	3	0	2	7	0	1	2	0	2	1	1	20
72	Fovus	0	0	2	0	0	1	0	0	2	0	0	1	6
	Total	207	276	273	252	220	281	275	277	290	282	262	443	3338

WORLD HEALTH ORGANIZATION
Regional Office
for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
Bureau regional de la Mediterranee orientale



منظمة الصحة العالمية
المكتب الإقليمي
لشرق البحر المتوسط

مكتب ممثل المنظمة
OFFICE OF THE WHO REPRESENTATIVE
AFGHANISTAN

In reply please refer to:
WRA.07/P71
WHO/M-Update

July 12, 1995

Dear Mr. Barber,

Subject: Report on WHO activities during June, 1995.

It would be highly appreciated if you kindly include the following WHO activities in the UN monthly update report as stated below:

Herat:

1. (a) Conducted a one day training workshop on Rabies for 31 trainees at Herat from Herat and Farah provinces.

   (b) Conducted a 3 days training workshop on Accident Prevention for 23 trainees at Herat.

   (c) Conducted 6(six) on day refresher training courses on mass immunization campaign for 139 volunteers for 3rd round of campaign in Herat province. Also 3 Health Workers and 3 vaccinator s were trained for 4 days and 2 days respectively on 3rd round of mass immunization campaign in Herat province.

2. (a) Provided 450 liters of IV fluids, 300 IV sets, 600 vials of antibiotics, 100 urinary catheter, 2000 disposable syringes, 100 surgical Thread to Herat Hospital.

   (b) Replenished 36 VHV kits and 10 TBA kits to 36 village health volunteers (CHWS) and 10 traditional birth attendants respectively.

   (c) Delivered 200 blood collecting bags with 200 transfusion sets to Blood Bank of Herat Provincial Hospital.

TEMP : P.O. BOX 1936, ISLAMABAD, TEL : 251645, 252272 FAX : 280830

Long term objectives:
To reduce the spread of polio virus and contribute to the achievement of Polio eradication in Afghanistan by the year 2000.

Specific objectives:
- To reach 90% of children under five years of age with two supplementary doses of polio vaccines; and
- To secure days of tranquillity in order to expand services to all the 330 districts of Afghanistan including previously inaccessible areas;

Operational:
Vaccinators, Health Workers and Volunteers will form teams to conduct vaccination at service delivery posts under the defined catchment area. In order to cover the entire target population within the specified date known to the community, one supervisor will be engaged per district to coordinate overall implementation of the program. A total of 2000 teams and 400 supervisors will be deployed.

Dates for the National Immunization Days (NIDs)have been set. The first round will take place from 6th to 10 April. The second round will be from 11 to 15 May.

Three sub-committees have been formed; they are: Logistic, training and social mobilization.

Technical:
In each round, one dose of polio vaccine will be orally administered to all children under five years of age irrespective of their previous OPV vaccination history. Vaccines will be carried to the sites in vaccine carrier with frozen ice packs inside.

The chairperson requested the social mobilization committee to inform the health Sub-committee of the progress and plan of action.
IbnSina will have the key role in training for NIDs ; planning and implementing of NIDs in Ghazni and Bamyan regions.

Any other business
The chairperson stressed that same person from ACBAR should take responsibility for record keeping and minutes taking who will have more information about the background of health Suyb-commiittee.

IMRB is facing shortage of medicine as the number of patients are increasing. Agencies were requested for assistance to this agency.

The Chairman once again requested the members to regularly attend the Health Sub-committee meetings. He has noticed the lack of interest recently due to unknown reasons.

NEXT MEETING
The next meeting will be held on 16 March at 2:00 pm at the ACBAR conference room.

(d) Provided 46000 tablets of antibiotics and anthelminthic drugs to Farah and Ghor provincial Hospitals and 2000 sachets of ORS to ORT corner in Herat city.

(e) Provided 2 Microscopes and other necessary instruments and re-agents to Guzzarah BHC and Badghis Provincial Hospital.

3. (a) Conducted 3rd round of Mass Immunization Campaign in the provinces of Herat, Badghis, Farah and Ghor with the Co-operation of Health Department, UNICEF, WFP, and communities.

(b) Provided 17.37 M.T. OF chick pear to volunteers participated in the 3rd round of Mass Immunization Campaign in Western Region with the collaboration of WFP and UNICEF.

4. (a) Through the health education programme in collaboration with WFP, Herat, 9011 mothers received the health education messages.

(b) Distributed 50,000 leaflets during 3rd round of Mass Immunization Campaign in 4 provinces of Western Region.

Kabul:

1. The 3rd round Mass Immunization Campaign in the Central Region (Kabul, Parwan and Kapisa provinces) was successfully completed. 240,832 under 5 years children were provided with DPT vaccines, 424,893 under 5 years children were provided with Oral Polio vaccines (OPV), 324,209 children were provided with Vit'A capsules and 209,557 women of child bearing age were provided with T.T. injections.

2. (a) 30 supervisors, 180 vaccinators and 1430 volunteers were given training on 3rd round of Mass Immunization Campaign in the 3 provinces (Kabul,

PArwan and Kapisa) of he Central Region.

(b) One day training course on Rabies was conducted for 34 participants at Kabul.

(c) Three days training course on counselling of Breast Feeding was conducted for 40 participants at Kabul.

3. Distributed about 50 kgs of essential drugs, equipments, X-Ray films and other supplies to Takhar provincial hospital and Malalai Maternity Hospital, Kabul.

Faizabad:

1. The following training courses were conducted in Takhar and Badakhshan provinces:

   - One training course for 12 VHVs was conducted in Kalafgan district of Takhar province.

   - One training course for 12 VHVs was conducted in Darayum district of Badakhshan province.

   - 4 (four) training courses for 40 TBAs (10 in each place) were conducted in Kalafgan district of Takhar province also in Kishem, Teshkan and Darayum district of Badakhshan province.

2. About 60 kgs of essential drugs and other medical supplies were distributed in different Health facilities of Takhar and Badakhshan provinces.

3. During June'95 there were mainly two types of diseases in Takhar and Badakhshan provinces:

   (a) Total blood slides were examined : 15772
   " " " were found with P.V.: 9365
   " " " " " " P.F.: 25

(b) Total persons suffered due to acute Diarrheal disease were 252 and amongst these 17 died, Mortality rate was 6.7%.

4. The 3rd round Mass Immunization Campaign was completed successfully in Badakhshan province.

Kandahar:

1. The Rehabilitation work of water overhead reservoir at he top of a hill site is in progress 50% of the work has already been completed.

2. 3rd round of Mass Immunization Campaign was completed in the South Region successfully.

3. (a) 3 Training courses on TB have been conducted in Kandahar: one 6 days training course for 25 doctors, one 5 days training courses for 35 nurses and one 6 days training course for 14 Lab. technicians.

   (b) One day training course on Rabies was conducted for 28 participants at Kandahar.

4. The following medical supplies were provided to different Health facilities in Southern Region:

   (a) Mirwais Hospital, Kandahar: About, 240 kgs of essential drugs and other supplies covering 13 items were delivered.

   (b) Al-khidmat Hospital, Kandahar: About 110 kgs of medical supplies covering 4 items were provided.

   (c) DAFA Clinic, Kandahar: About 20 kgs of essential drugs and other supplies covering 6 items were delivered.

   (d) EX Military Hospital (Merlin): 2880 sachets of ORS were supplied.

   (e) Nothelfe Hospital (Kandahar): 25 kgs of essential drugs covering 8 items were delivered.

   (f) About 35 kgs essential drugs and other medical supplies were delivered to 30 trained Traditional Birth Attendants (TBAs).

(g) Provincial Hospital, Helmand: About 60 kgs of essential drugs covering 10 items were supplied.

(h) Provincial Hospital, Zabul: About 10 kgs of medical supplies were delivered.

(i) Provincial Hospital, Oruzgan: About 120 kgs of essential drugs and other medical supplies covering 6 items were delivered.

The Mass Immunization Campaign for 3rd round were also completed successfully in Northern (Mazar) region, Eastern (Jalalabad) region.

With best regards

Sincerely,

Dr. A. O. Gebreel
WHO Representative
Afghanistan
Temp. in Islamabad



Mr. Martin Barber
Acting Director
UNOCHA, Kabul
in Islamabad.

1. H. E. Minister of Public Health, Afghanistan.
2. Dr. H. A. Gezairy, Regional Director, EMRO.
3. Dr. Fabrizio S. Bassani, Director/EHA/HQ, Geneva.
4. Heads of UN Agencies: UNDP (Kabul) in Islamabad.
   UNICEF (Kabul) in Islamabad.
   UNHCR (Kabul) in Islamabad.
   WFP (Kabul) in Islamabad.
5. SWABAK (Quetta)
6. ACBAR (Peshawar)
7. WHO Sub-Offices: Herat/Mazar/Faizabad/Jalalabad/Kandahar/Kabul
8. Dr. Runa Graber WHO liaison Officer, Peshawar.

DRUGS TO BE USED AT REGIONAL, PROVINCIAL, C1 & C2

1. Anaesthetics

General anaesthetics and oxygen

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
	diazepam	injection, 5mg/ml in 2 ml ampoule	✓	✓		
2	ketamin	injection, 50mg (as hydrochloride)/mlin 10ml vial	✓	✓		
3	thiopental	powder for injection, 0,5g, 1g (sodium salt) in ampoule	✓	✓		
4	oxygen	inhalation (medicinal gas)	✓	✓		
5	halothane	inhalation	✓			

Local anaesthetics

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	lidocaine	injection, 1%, 2% (hydrochloride) in vial injection 1%, 2% (hydrochloride) + epinephrine 1/200 000 in vial injection for spinal anaesthesia,5% (hydrochloride) in 2ml ampoule to be mixed with 7.5% glucose solution topical forms, 2% (hydrochloride)	✓	✓ ✓	✓	

Preoperative medication

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	atropine	injection, 1mg (sulfate) in 1ml ampoule	✓	✓		
2	diazepam	injection, 5mg/ml in 2 ml ampoule	✓	✓		
4	promethazine	elixir, 5mg (hydrochloride)/5ml	✓	✓		
5	fentanyl(or pentazocine)	injection, 0.05 mg(as citrate)/ml in 2ml ampoule	✓			

2. Analgesics, antipyretics, non-steroid anti inflammatory drugs and drugs to treat gout

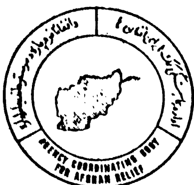
Non opioids

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	acetylsalicylic acid	tablet, 300, 500mg	✓	✓	✓	✓
2	ibuprofen	tablet, 200mg	✓	✓	✓	
3	indomethacin	capsule, 25mg	✓	✓		
4	paracetamol	tablet, 100,500mg suppository,100mg syrup,125mg/5ml	✓	✓	✓	✓
	allopurinol	tablet, 100mg	✓			
	colchicine	tablet, 0,5mg	✓			

Opioide analgesics

To be used under restriction.

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	morphine	injection, 10mg(sulfate) in 1ml ampoule	✓	✓	✓	



ACBAR

اکبر

AGENCY COORDINATING BODY FOR AFGHAN RELIEF

HEALTH SUB-COMMITTEE MEETING

Held on 22 January 1997

CHAIRPERSON:	Dr. Mirza Jan	ISRA
MINUTES:	Belquis R.A.	ACBAR
PARTICIPANTS:	Dr. Shoib Ahmadzai	AMI
	Dr. Roze Khan	AABRAR
	Dr. Sardar Mohammed	DACAAR
	Dr. Mubark	UNICEF
	Dr. M. Farid Bazger	ORA
	B.M.Abedi	BEFARe
	M.Bashir Bareckzai	RADA
	Dr. Mohd Saeed	SCA
	Dr. Kayum Malekzad	HHC
	Dr. Gul Habib	LDI

The aim of this special meeting was to review the list of drugs, prepared in a five day workshop by the drug working group.

The goal of preparing the list was to provide advice for those agencies working in the health sector on up to date drugs and to try and standardize the drugs being used in Afghanistan. The advantages and disadvantages of centralized purchasing, storing and distribution were also discussed and recommendations made.

After reviewing the list some amendments were made.

It was suggested that the health workers using the drug should be trained first.

The floor suggested that WHO should send a copy of the update drug list used in different regions. A list of all publications requested should be finalized and sent to WHO. ACBAR will then be added to their mailing list.

Another suggestion was made that ACBAR health sub-committee should conduct a survey and estimate the amount of drugs used in three months time in a regional or provincial health center.

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...allergics and drugs used in anaphylaxis

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	chlorphenamine	tablet 4mg (hydrogen maleate) injection 10mg (hydrogen maleate) in 1ml ampoule	✓	✓	✓	✓
2	epinephrine	injection.1mg (as hydrochloride) in 1ml ampoule	✓	✓	✓	
3	hydrocortisone	powder for injection.100mg(as sodium succinate)in vial	✓	✓	✓	
4	prednisolone	tablet. 5mg	✓	✓		
5	dexamethasone	tablet 0.5mg. 4mg injection.4mg(as sodium phosphate) in 1ml ampoule	✓			

4. Antidote and other substances used in poisonings

General

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	charcoal, activated	powder	✓	✓	✓	✓

Specific

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	atropine	injection. 1mg (sulfate) in 1ml ampoule	✓	✓		
2	naloxone	injection. 0.4 mg(hydrochloride) in 1ml ampoule	✓	✓		

5. Antiepileptics

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	diazepam	injection. 5mg/ml in 2 ml ampoul (intravenous or rectal)	✓	✓	✓	
2	ethosuximide	tablet. 250mg syrup 250mg/5ml	✓	✓		
3	phenobarbital	tablet. 15mg and 100mg elixir. 15mg/5ml	✓	✓	✓	
4	phenytoin	tablet,25mg and 100mg (sodium salt)	✓	✓		
5	carbamazepine	scored tablet. 100mg. 200mg	✓			
6	valproic acid	enteric coated tablet. 200mg(sodium salt)	✓			

Anti-infective drugs

Anthelmintics

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	niclosamide	chewable tablet. 500mg	✓	✓	✓	
2	pyrentel	chewable tablet. 250mg(as embonate) oral supension 50mg(as embonate)/ml	✓	✓	✓	✓
3	mebendazole	chewable tablet. 100mg	✓			

Antibacterial

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	amoxicillin	capsule or tablet.250mg. 500mg (anhydrous) powder for oral suspension. 125mg(anhydrous)/5ml	✓	✓	✓	✓
2	ampicillin	powder for injection .500mg (as sodium salt)in vial	✓	✓		
3	benzathine benzyl	powder for injection . 1.44g benzylpenicillin (=2.4	✓	✓	✓	

	penicillin	million IU)in vial				
4	benzylpenicillin	powder for injection ,2 million IU (as sodium or potassium salt)	✓	✓		
5	cloxacillin	capsule,500 mg (as sodium salt) powder for oral solution,125mg (as sodium salt)/ml	✓	✓		
6	phenoxymethylpenicillin	tablet,250 mg (as potassium salt) powder for oral suspension,250mg,(as potassium salt)/5ml	✓	✓	✓	✓
7	procaine benzylpenicillin	powder for injection ,1 million IU	✓	✓	✓	
8	chloramphenicol	capsule,250mg (To be used under oral suspension,150mg (as palmitate restriction) salt/5ml powder for injection,1g (as sodium succinate) in vial	✓	✓		
9	erythromycin	capsule or tablet,250 mg (as ethylsuccinate) powder for oral suspension 125mg (as ethylsuccinate) powder for injection,500mg(as lactobionate) in vial	✓	✓	✓	✓
10	gentamicin	injection,40mg(as sulfate)/ml in 2ml vial	✓	✓		
11	metronidazole	injection,500mg in 100ml vial	✓	✓		
12	trimethoprime + sulfamethoxazole	tablet,100mg + 20mg,400mg + 80mg oral suspension. 200mg + 40mg/5ml	✓	✓	✓	✓
13	tetracycline	capsule or tablet, 250mg (hydrochloride)	✓	✓		
14	nitrofurantoin	tablet, 100 mg	✓	✓		
15	ciproflaxin	tablet,250mg(as hydrochloride)	✓			
16	ofloxacin	tablet, 200mg	✓			

Antituberculosis drugs

(To be used only in the presence of anti-tuberculosis programmes)

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	ethambutol	tablet, 400mg (hydrochloride)	✓	✓		
2	isoniazid	tablet,100mg,300mg	✓	✓		
3	pyrazinamide	tablet, 500mg	✓	✓		
4	Rifampicin	capsule or tablet 150mg,300mg	✓	✓		
5	streptomycin	powder for injection , 1g (as sulfate) in vial	✓	✓		
6	thiacetazone +isoniazid	tablet,50mg + 100mg 150mg + 300mg	✓	✓		

Antifungal drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	griseofulvin	tablet,125mg,250mg	✓	✓	✓	
2	nystatin	tablet,100 000 IU,500 000IU lozenge,100 000 IU pessary,100 000 IU	✓	✓	✓	✓
3	ketoconazole	tablet,2oomg	✓			

Antiprotozoal drugs

Antiamoebic and antigiardiasis drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	metronidazole	tablet,200mg,500mg oral suspension, 200mg (as benzozte)/5ml	✓	✓	✓	✓

Antimalarial drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	chloroquine	tablet 150mg(as phosphate or sulfate) syrup,50mg(as phosphate or sulfate)/5ml	✓	✓	✓	✓
2	primaquine	tablet,7.5mg,15mg (as diphosphate)	✓	✓	✓	
3	quinine	tablet,300mg (as bisulfate or sulfate) injecition,300mg (as dihydrochloride)/ml in 2ml ampoule	✓	✓	✓	
4	sulfadoxine + pyrimethamine	tablet,500mg + 25mg	✓	✓		

7. Antimigraine drugs

for treatment of acute attack

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	acetylsalicylic acid	tablet,300, 500mg	✓	✓		
2	ergotamine	tablet, 2mg (tartrate)	✓	✓		
3	paracetamol	tablet, 500mg	✓	✓		
4	**FOR PROPHYLAXIS** propranolol	tablet, 10mg	✓	✓		

8. Drugs affecting the blood

Antianaemia drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1.	ferrous salt+folic acid	tablet, 60mg + 0.25 mg	✓	✓	✓	✓
2	hydroxocobalamin	injection,1mg in 1ml ampoule	✓	✓		
3	iron dextran	injection,equivalent to 50mg iron/mi in 2ml ampoul	✓			

Drugs affecting coagulation

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	heparin	injection, 1000 IU/ml,5000 IU/ml, 20 000 IU/ml in 1-ml ampoule	✓	✓		
2	phytomenadione	injection, 10mg/ml in 5-ml ampoule tablet, 10 mg	✓	✓		
3	protamine sulfate	injection, 10mg/ml in 5-ml ampoule	✓	✓		

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4	desmopressin	injection, 4micro g(acetate)/ml in 1ml ampoule	✓			
5	warfarin	tablet, 1mg, 2mg, 5mg (sodium salt)				

9. Blood product and plasma substitutes

Plasma substitutes

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	dextran 70	injectable solution, 6%	✓	✓	✓	
2	polygeline	injectable solution, 35%	✓			

Plasma fraction for specific uses

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	albumin,humam	injectable solution,5%, 25% factor	✓	✓		
2	factor IX complex	dried (coagulation factors II, VII,IX,X) concentrate (rarely	✓			

10. Cardiovascular drugs

Antianginal drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	glyceryl trinitrate	tablet,(sublingual), 0.5mg	✓	✓	✓	
2	isosorbide dinitrate	tablet,(sublingual), 5mg	✓	✓		
3	nifidipine	capule and tablet, 10mg	✓	✓		
4	propranolol	tablet, 10mg	✓			
5	atenolol	tablet, 100mg	✓			
6	quinidine	tablet, 200 mg (sulfate)				

Antidysrhythmic drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	propranolol	tablet, 10mg, 40mg injection, 1mg (hydrochloride) in 1ml ampoule		✓		
2	lidocaine	injection, 20mg(hydrochloride)/ml in 5 ml ampoule				
3	verapamil	tablet, 40mg, 80mg injection, 2.5mg (hydrochloride)/ml in 2ml ampoule				
4	atenolol	tablet, 100mg				
5	isoprenaline	tablet, 10mg (hydrochloride) injection, 0.2mg((hydrochloride)/ml in 2ml ampoule				
6	procainamide	tablet, 250mg, 500mg (hydrochloride)				
7	quinidine	tablet, 200 mg (sulfate)				

Antihypertensive drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	hydrochlorothiazide	tablet,25 mg	✓	✓	✓	
2	nifidipine	tablet, 10mg	✓	✓	✓	
3	methyldopa	tablet, 250 mg	✓			
4	propranolol	tablet, 40mg, 80 mg	✓			
5	atenolol	tablet, 100mg	✓			
6	sodium nitroprusside	powder for infusion, 50mg in ampoule	✓			

Cardiac glycoside

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	digoxin	tablet, 0,5mg injection, 0.25mg/ml in 2 ml ampoule	✓	✓	✓	

Drugs used in vascular shock

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	dopamine	injection,40mg (hydrochloride)/ml in 5 ml vial	✓	✓		

Antithrombotic drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	acetylsalicylic acid	tablet,100mg	✓	✓		
2	streptokinase	powder for injection, 100 000 IU in vial	✓			

11. Dermatological drugs

Antifungal drugs (topical)

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	benzoicacid+salicylic	ointment, 6% + 3 % acid miconazole ointment, 2% (nitrate)	✓	✓	✓	
2	miconazole	ointment, 2% (nitrate)		✓		

Antiinfective drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	methylrosanilinium	aqueous solution, 0,5% chloride tincture, 0.5% (gention violet)	✓	✓	✓	✓
2	neomycin + bacitracin	ointment, 5 mg neomycin sulfate + 500 IU bacitracin zinc / g	✓	✓	✓	✓
3	silver sulfadiazine	cream,1 % in 500-g container	✓	✓	✓	✓

Anti inflammatory and antipruritic drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	betamethasone	ointment, 0.1% (as valerate)	✓	✓		
2	calamine lotion	lotion	✓	✓	✓	✓

keratoplastic and keratolytic agents

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	coal tar	solution, topical 5%	✓	✓		
2	salicylic acid	solution, topical 5%	✓	✓		

Scabicides and pediculicides

Ultraviolet-blocking agents

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	benzyl benzoate	lotion , 25%	✓	✓	✓	
2	zinc oxide	cream or ointment	✓	✓		

12. Diagnostic agents

(To be used in the presence of Ophthalmology Department)

Ophthalmic drugs

SN.	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	fluorescein	eye drops,1% (sodium salt)	✓			

Radiocontrast media

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	amidotrizoate	injection, 140 mg iodine(as sodium or meglumine salts)/ml in 20-ml ampoule	✓	✓		
2	barium sulfate	aqueous suspension	✓	✓		
3	iopamidol	aqueous solution, 370 mg iodine/ml in 10ml ampoule	✓			
4	ipanoic acid	tablet,500mg	✓			
5	propyliodone	oily suspension, 500mg/ml in 20-ml ampoule	✓			
6	meglumine iotroxate	injectable solution, 5 g iodine(as meglumine salt) in 100-250 ml	✓			

13. Disinfectants and antiseptics

Antiseptics

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	chlorhexidine	solution, 5% (digluconate) for dilution	✓	✓	✓	✓
2	hydrogen peroxide	solution,3%	✓	✓	✓	
3	polyvidone iodine	solution, containing 0.5% and 1% iodine	✓	✓	✓	✓
4	methylated spirit	containing 5% methyl alcohol and 95% ethyl alcohol	✓	✓	✓	

Disinfectants

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	calcium hypochlorite	(70% available chlorine) for solution	✓	✓	✓	✓

14. Diuretics

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	furosemide	tablet, 40 mg injection,20mg/ml in 2ml ampoul	✓	✓		
2	hydrochlorothiazide	tablet, 25mg ,50 mg	✓	✓		
3	mannitol	injectable solution, 10%, 20%	✓	✓		
	spironolactone	tablet, 25 mg	✓			

15.Gastrointestinal drugs

Antacids and other antiulcer drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	aluminium hydroxide+ magnesium hydroxide	tablet, 500mg	✓	✓	✓	✓
2	ranitidine	tablet, 150mg, 300mg	✓	✓		

Antiemetic drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	metoclopramide	tablet, 10mg (as hydrochloride) oral solution,5mg (as hydrochloride)5/ml injection, 5mg (as hydrochloride)/ml in 2ml ampoule	✓	✓	✓	✓
2	promethazine	tablet, 10mg,25mg (hydrochloride) syrup, 5mg(hydrochloride)/ml injection, 25mg (hydrochloride)/ml in 2ml ampoule	✓	✓		

Antihaemorrhoidal drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	local anaesthetic,	ointment or suppository astringent and anti-inflammatory drugs	✓	✓	✓	✓

Antispasmodic drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	hyoscine	tablet, 10mg (butylbromide) injection, 4mg (butylbromide)/ml in 5ml ampoul	✓	✓	✓	✓

Compound preparations of hyoscine are not advised.

Cathartic drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	senna	tablet, 7.5mg(sennosides)	✓	✓	✓	✓

Thyroid hormones and antithyroid drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	levothyroxine	tablet, 0.05mg,0.1 mg(sodium salt)	✓	✓		
2	potassium iodide	tablet, 60 mg.	✓	✓		
3	propylthiouracil	tablet, 50 mg	✓	✓		

17. Immunologicals

Diagnostic agents

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	tuberculin, purified	injection protein derivative (PPD)	✓	✓		

(To be used in the presence of Anti-tuberclusis programmes)

Immunglobulins

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	antitetanus	injection immunglobulin (human)	✓	✓		
2	anti rabies vaccine	injection	✓			

Vaccines supply should be in line with national Extended Programme of Immunisation (EPI).

18. Muscle relaxants(peripherally acting)

anticholinesterase

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIA L HOSPITAL	C1	C2
1	neostigmine	tablet, 15 mg(bromide) injection, 0.5mg, 2.5 mg (metilsulfate) in 1-ml ampoule	✓	✓		
2	pancuronium	injection, 2mg(bromide)/ml in 2ml ampoule	✓	✓		
3	suxamethonium	injection, 50 mg (chloride)/ml in 2-ml ampoule powder for injection, (chloride)	✓	✓		

19. Ophthalmological preparations

Anti infective agents

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	gentamicin	solution,(eye drops), 0.3%	✓	✓	✓	
2	silver nitrate	solution,(eye drops), 1%	✓	✓	✓	✓
3	tetracycline	eye ointment 1% , (hydrochloride)	✓	✓	✓	✓

Anti inflammatory agents

(To be used in the presence of Ophthalmology Department)

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	prednisolone	solution,(eye drops), 0.5 %	✓	✓		

Local anaesthetics

(To be used in the presence of Ophthalmology Department)

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	tetracaine	solution(eye drops),0.5% (hydrochloride)	✓			

DRUGS TO BE USED AT PROVINCIAL &DISTRICT HOSPITALS

1. Anaesthetics

General anaesthetics and oxygen

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
	diazepam	injection, 5mg/ml in 2 ml ampoule				
2	ketamin	injection, 50mg (as hydrochloride)/mlin 10ml vial				
3	thiopental	powder for injection, 0.5g, 1g (sodium salt) in ampoule				
4	oxygen	inhalation (medicinal gas)				

Local anaesthetics

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
	lidocaine	injection, 1%, 2% (hydrochloride) in vial				
		injection 1%, 2% (hydrochloride) + epinephrine 1/200 000 in vial				
		injection for spinal anaesthesia,5% (hydrochloride) in 2ml ampoule to be mixed with 7.5% glucose solution				
		topical forms, 2% (hydrochloride)				

Preoperative medication

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	atropine	injection, 1mg (sulfate) in 1ml ampoule				
2	diazepam	injection, 5mg/ml in 2 ml ampoule				
4	promethazine	elixir, 5mg (hydrochloride)/5ml				

2. Analgesics, antipyretics, non-steroid anti inflammatory drugs and drugs to treat gout

Non opioids

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	acetylsalicylic acid	tablet, 300, 500mg				
2	ibuprofen	tablet, 200mg				
3	indomethacin	capsule, 25mg				
4	paracetamol	tablet, 100,500mg suppository,100mg syrup,125mg/5ml				

Miotics and antiglucoma drugs

(To be used in the presence of Ophthalmology Department)

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	acetazolamide	tablet, 250 mg	✓	✓		
2	pilocarpine	solution,(eye drops), 2%, 4%(hydrochloride or nitrate)	✓	✓		

Mydriatics

(To be used in the presence of Ophthalmology Department)

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	atropine	solution(eye drops),0.1%,0.5% , 1%(sulfate)	✓	✓		

20. Oxytocics and antioxitocics

Oxytocics

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	ergometrine	tablet,0.2 mg(hydrogen malcate) injection, 0.2 mg(hydrogen malcate) in 1-ml ampoul	✓	✓	✓	✓
2	oxytocine	injection, 10 IU in 1 ml ampoule	✓		✓	

Antioxytocics

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	salbutamol	tablet, 4 mg (as sulfate)	✓	✓	✓	

21. Psychotherapeutics drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	amitriptylline	tablet, 25 mg (hydrochloride)	✓	✓		
2	chlorpromazine	tablet, 100 mg, (hydrochloride) syrup, 25 mg (hydrochloride)/5ml	✓	✓		
3	diazepam	injection,25 mg(hydrochloride)/ml in 2-ml ampoule tablet, 2mg , 5mg	✓	✓	✓	

22. Drug acting on the respiratory tract

Antiasthmatic drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	aminophylline	tablet , 100mg,200mg injection,25 mg/ml in 10ml ampoul	✓	✓	✓	✓
2	epinephrine	injection, 1mg (as hydrochloride) in 1ml ampoule	✓	✓		
3	salbutamol	tablet, 2mg , 4mg (as sulfate) inhalation, 0.1 mg(as sulfate) per dose syrup, 2 mg (as sulfate)/5ml injection, 0.05 mg (as sulfate) /ml in 5ml ampoule	✓	✓	✓	

Antitussives

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	dextromethorphan	syrup, 15 mg (hydrobromide)/5ml	✓	✓	✓	✓

23. Solutions correcting water, electrolyte and acid-base disturbances

Oral rehydration

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	oral rehydration salts	powder, 27.9 g/l				
	Components					
2	sodium chloride	3.5				
3	potassium chloride	1.5				
4	potassium chloride	powder for solution				
5	trisodium citrate dihydrate	2.9				
6	glucose	20				

Parenteral

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	aminoacids	injection solution 3.5%	✓			
2	glucose with sodium chloride	injection 4% glucose.	✓	✓		
3	potassium chloride	11.2% solution in 20ml ampoul (equivalent to K^+ 5mmol/ml Cl 1.5 mmol/ml)	✓	✓	✓	✓
4	sodium chloride	injectable solution.0.9% isotonic (equivalent to Na^+ 154mmol/ml Cl 154 mmol/ml)	✓	✓	✓	
5	glucose	injectable solution. 5% isotonic. 25% hypertonic	✓	✓		
6	sodium chloride (equivalent to Na^+ 30 mmol/ml. Cl^-	0.18 % sodium chloride 30mmol/l	✓			
7	sodium bycorbonate	injectable solution: 1.4% isotonic carbonate (equivalent to Na 167mmol/l HCO3 167mmol/l 8.4% solution in 10 ml ampoul (equiivalent to Na^+ mol/l .HLC' lmol/ml)				
8	compound solution of sodium lactate	injectable solution	✓			

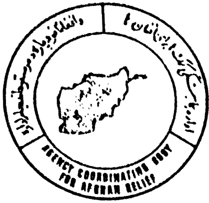
Miscellaneous

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	water for injection	2ml . 5 ml ampoule	✓	✓	✓	

R1

24. Vitamins and minerals

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	ascorbic acid	tablet ,50 mg	✓	✓	✓	✓
2	calcium glugonate	injection 100mg(gluconate)/ml in 10ml		✓	✓	✓
3	ergoclciferol	capsule pr tablet.1.25 mg(50 000 IU) oral solution, 0.25 mg/ml(10 000 IU/ml)	✓	✓	✓	✓
4	iodine	iodized oil.1 ml (480mg iodine). 0.5 ml(240mg iodine) in ampoule(oral or injectable)	✓	✓	✓	✓
5	calcium	tablet. 500mg(lactate)	✓	✓	✓	✓
6	nicotinamide	tablet 50 mg	✓	✓	✓	✓
7	pyridoxine	tablet. 25 mg (hydrochloride) water-miscible injection,100 000IU (as palmitate) (55mg)in2ml	✓	✓		
8	retinol	sugar coated tablet. 10 000 IU (as palmitate) (5.5mg) capsule. 200 000 IU(as palmitate)(110mg) oral oily solution. 100 000 IU /ml in multidose dispenser(as palmitate)	✓	✓	✓	
9	sodium floride	tablet.0.5mg solution. 2%(for professional dental use)	✓	✓		
10	thiamine	tablet. 50 mg(hydrochloride)	✓	✓		
11	ribofavin	tablet.5 mg	✓	✓		



ACBAR ای سی بی ای آر

AGENCY COORDINATING BODY FOR AFGHAN RELIEF

HEALTH SUB COMMITTEE MEETING

Monday 24 March 1997

Chairman: Dr Mirza Jan, ISRA

Minutes: Liz Spencer

Present: Alexandra, HSF-HNI. Hafiz Jamil Ahmad, MRSA. Mohammad Yaseen, MRSA. Saifullah, IRC-HERC. Dr Haidar Shah, RADA. Dr M Farid Bazger, ORA International. Dr Habibullah Frahmand, NSP/GTZ. Dr Gul Habib, LBI. Mohammad Wali, SCA.

1 Approval of Minutes of the last meeting and Agenda

Minutes of the last meeting were approved without comment.

Medical & Rehabilitation Services for Afghanistan (MRSA), a new organisation will give a short presentation on their activities after point 4 of the agenda.

2 Announcements

The final document from the Working Group - Drugs is with the printer and will be distributed as soon as available.

3 Request by Education Sub-committee for policy statement from Health Sub-committee

This subject was, once again, postponed until the next meeting due to lack of participants.

4 Update on NIDs

The NIDs will take place in April and May. Much work has been done to make the public aware of the importance of the polio vaccine. Social Mobilisation materials have been designed and produced and are at present being sent to the Regional Management Teams for distribution, they include; posters, stickers, leaflets and a special edition of Salamati magazine.

Training of vaccinators and volunteers has started and will be completed in time for the first round of the campaign.

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University Town
Peshawar, NWFP., Pakistan
Fax : 092 - 521 - 840471

Cold chains are in place and functioning.

Advocacy workshops will be held at Regional and Provincial levels and possibly district level.

Assistance is still being sought from organisations, especially those working in the difficult to reach places.

Leaders in Kandahar, Kabul and Mazar have been requested to observe a time of Peace and Tranquility during the NIDs.

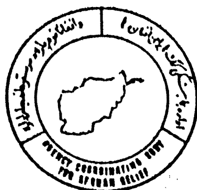
5 Any other business

MRSA is a new organisation working in Pakistan for Afghan refugees. At present they have a 20 bed children's hospital and a 25 bed General hospital which they hope to extend to 50 beds in the near future. They would also like to work inside Afghanistan and are at present looking for a location.

Patients are charged a fee of Rs10 for consultation and Rs20 for medication.

There was no other business.

Next meeting will be on 28 April 1997, 10.00am, ACBAR.



ACBAR KABUL OFFICE اکبر

AGENCY COORDINATING BODY FOR AFGHAN RELIEF

Malaria & Leishmanisis Coordination Meeting

09th March 1997

(Meeting No. 1/13)

Chairperson	:	Dr. Sharif Anwar	IMPD- MoPH
Minutes	:	S. Sharifi	ACBAR
Participants	:	Dr. M. Daim Kakar	WHO
		Eng. Khalil Kakar	UNICEF
		Shelegh Wynne	IAM-Relief
		Emma Roberts	IAM-Relief
		Andy Dipper	IAM-Relief
		Dr. Aqha M. Bashar Dost	TODAI
		Fazel Rahman	TODAI
		Sayed Mohd Atayee	TODAI
		Dr. Hugh Reyburn	HealthNet
		Cuenot Faurence	PSF
		Charnet Victor	PSF
		Passalal	PSF

The meeting started at 2:00 P.M. at ACBAR conference room. Participants introduced themselves.

Agenda:

- Agencies activities to control Malaria and Leishmanisis in 1996
- Agencies workplan to control Malaria and Leishmanisis in 1997
- New methods for treatment of Malaria and Leishmanisis
- Any other business

Agencies activities to control Malaria and Leishmanisis in 1996

PSF provided medicine (Glucontime Ampoules and antibiotics) to TODAI in 1996. PSF also provided some of the mentioned medicine to some clinics of MoPH.

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Kabul, Afghanistan
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WHO had a joint project with MoPH in 1996. WHO provided MoPH with some Glocantime ampoules and anti Malaria drug. WHO also organized health education training courses in the same regard. WHO is in contact with Medical Research Centers abroad and they keep the MoPH aware of any new improvements in treatment of Malaria and Leishmanisis.

UNICEF was involved in campaign against Malaria and Leishmanisis in 1996. They provided Glocantime to MoPH and TODAI.

IAM had only preventive measures in health education and sanitation against Malaria and Leishmanisis in 1996.They also distributed some bednets to people as preventive measure.

TODAI is mainly working against Malaria and Leishmanisis in Kabul city. The following are their activities in 1996.

01. They have done the laboratory test of 6,422 patients of Leishmanisis.
02. The have injected 195,459 ampoules of Glocantime, Pentostam, Penicillin and streptomycin for Leishmanisis patients.
03. TODAI operated a number of 68 Leishmanisis patients.
04. A number of 26 patients of Leishmanisis have been treated using Infra-red rays.
05. Totally they have treated 13,919 patients of Leishmanisis.
06. They have done Lab exam of 15,214 patients of Malaria.
07. Totally a number of 10,814 patients of Malaria have been examined and treated.

The department of Malaria and Parasitology of MoPH had the following activities in 1996.

They carried a survey of some areas where it was believed to be epidemic areas in Kabul and sprayed those areas. They had some health education and sanitation programmes for people to be aware of preventive measures against Malaria and Leishmanisis. They treated a number of patients in 1996. The Malaria and Parasitology department of MoPH was not enough successful in treatment and preventive measures in 1996 due to budget limitation. They hope to do better in 1997.

Agencies workplan to control Malaria and Leishmanisis during 1997

PSF will inaugurate two centers against Malaria and Leishmanisis. They will also provide medicine to NGOs focusing on treatment of these diseases as well as some clinics of MoPH. PSF has also singed a contract with TODAI. According to this contract PSF will provide medicine to TODAI. PSF is expecting to have some cooperation with Healthnet International in Kabul.

WHO is planning to distributed anti Malaria and anti Leishmanisis drug to MoPH or its related departments and will also organize some training courses through their provincial offices almost all over the country. WHO will coordinate closely with MoPH to carry out their activities. WHO is ready to evaluate new guidelines for treatment and circulate them to all related agencies. WHO is expecting to have joint efforts with MoPH, Healthnet in distributing bednets and other related activities against Malaria and Leishmanisis.

IAM will mainly focus on preventive measures against Malaria and Leishmanisis during 1997. IAM will organize health education and sanitation programmes for people. Efforts will be made to teach people to take care of themselves. IAM will organize to manufacture bednets locally in people's homes. Using this technique will result in cheap price and availability of these bed nets locally.

TODAI clinic planned to increase 60% in treatment of Leishmanisis cases in Kabul but due to invention of new methods they are planning to bring a 100% increase during 1997 with the same budget. TODAI office is a bit concerned about transition of Malaria in 1997 because there was a considerable increase in 1996 in comparison to 1995 specially in PF case (in 1995 there were 75 PF cases in Kabul but in 1996 this number increased to 2,114). TODAI stated that if there is no proper preventive measures, this number will dramatically increase during 1997 and endanger the life of thousands of people. TODAI is planning to increase 50 % in treatment of malaria cases during 1997. TODAI is ready to cooperate with all agencies in this regards and expect them to support TODAI specially with providing the necessary medicine. TODAI requested WHO and other involved agencies to carry out a study on their new methods and possibly after approval if WHO can print these new methods in details in a book as a guideline for other agencies.

The Malaria and Parasitology Department (IMPD) of the MoPH want to do the following activities during 1997.

01. IMPD wants to carry out a general survey in cooperation with other related agencies.
02. IMPD is planning to carry out spraying and other activities against parasites. They will also encourage people to use bednets as a preventive measure.
03. IMPD suggests that preventive measures are extremely important and agencies should try to harness the transmission of these diseases.
04. IMPD wants all involved agencies to carry out their activities in coordination to treat the patients and eliminate the parasite and places where it is wide spread.
05. IMPD plans to organize training, dissemination for people to protect themselves against Malaria and Leishmanisis.

Dr. Sayed Sharif Anwar the President of Malaria and Parasitology explained that preventive measures are vitally important. He also requested all agencies to coordinate their activities for eradication of these diseases. As MoPH facing budget problems, agencies are requested to support the mentioned department.

HealthNet has a good background on infectable diseases, they have considerable activities in some part of Pakistan and Jalalabad for refugees. It's about a month that Healthnet setup an office in Kabul and presently they are carrying a survey in Kabul city which will be completed before the transmission period. According to their studies Leishmanisis was not existing in Kabul but during the recent years there have been a very serious epidemic in the city. HealthNet is trying to assess the epidimology of the disease and setup a guideline for agencies interested to work in the same area and mapping of Leishmanisis in the city. HealthNet is trying to develop a system that people take care of themselves by using bednets.

New methods for treatment of Malaria and Leishmanisis

TODA have been able to find out some very new methods for treatment of Leishmanisis. Following is a brief description.

A. Treatment by sun rays and one anti Leishmanisis ointment with a lotion.This is a practical in 30% of patients.
B. Treatment by Solor Nitride with and anti Leishmanisis ointment.
C. Treatment by Tri Cholore Acetic Acid with and ointment.
D. Treatment by ice and snow.
E. Treatment by CO2 snow.
F. Treatment by liquid Nitrogen.

Dr. Bashar Dost from TODAI explained in brief the new methods to the participants. Suggestion was made that agencies should evaluate these new methods and ensure on their practicality and usefulness. Finally it was decided that a team from all involved agencies along with MoPH will study the new methods and they will unanimously judge on them. WHO promised that after approval of these new methods by involved agencies and MoPH in Kabul, they will send it abroad to Medical centers for further evaluation through WHO Islamabad. Request was made from PSF to study the suggested drugs in the new methods chemically and ensure they are harmless and without side effects.

Any other business

It was suggested that agencies start their preventive measure in April before the transmission period starts. Participants strongly emphasized on preventive measures against Malaria and Leishmania.

Agencies suggested if ACBAR can arrange this Coordination meeting monthly. ACBAR will coordinate this meeting monthly.

HEALTH SUB COMMITTEE MEETING

Monday 28 April 1997

Chairman: Dr Mirza Jan, ISRA

Minutes: Liz Spencer, ACBAR

Present: Hafiz Jamil Ahmed, MRSA. Dr Habibullah Frahmand, GTZ/NSP. S Safdar, GTZ/BEFARe. Dr Shoaib Ahmadzai, AMI. Dr Malekzad, HHC. Mohammad Roza Khan, AABRAR. Dr Yahya Grassl, Private. Dr Farid Bazger, ORA. Dr Esmatullah, NAC. Dr Mubarak, UNICEF

1 Minutes of the last meeting and agenda

Both approved without comment.

2 Announcements

AMI distributed copies of their latest Salamati magazine. This is published in Dari with English translations. Until now the magazine has been decided solely by AMI, however in future they would appreciate articles from others organisations for inclusion. It may be possible to extend their distribution in future but this may encompass a small charge.

This magazine is very useful and informative, it is aimed at mid level health workers.

Dr Mirza Jan announced that he has now completed one year as Chairman and proposed that elections be held at the next meeting of the sub committee.

3 Request by Education Sub-committee for policy statement from Health Sub-committee.

ACBAR Education Sub committee made a statement on decisions taken by the Taliban authorities and have requested the Health sub committee to support their stance and make a statement.

The following comments were made regarding this topic:

- Why are we concerned with this issue, we are not involved in Education?

Opioide analgesics

To be used under restriction.

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	Morphine	injection, 10mg(sulfate) in 1ml ampoule				

3. Antiallergics and drugs used in anaphylaxis

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	chlorphenamine	tablet 4mg (hydrogen maleate) injection 10mg (hydrogen maleate) in 1ml ampoule				
2	epinephrine	injection,1mg (as hydrochloride) in 1ml ampoule				
3	hydrocortisone	powder for injection,100mg(as sodium succinate)in vial				
4	prednisolone	tablet, 5mg				

4. Antidote and other substances used in poisonings

General

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	charcoal, activated	powder				

Specific

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	atropine	injection, 1mg (sulfate) in 1ml ampoule				
2	naloxone	injection, 0.4 mg(hydrochloride) in 1ml ampoule				

5. Antiepileptics

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	diazepam	injection, 5mg/ml in 2 ml ampoul (intravenous or rectal)				
2	ethosuximide	tablet, 250mg syrup 250mg/5ml				
3	phenobarbital	tablet, 15mg and 100mg elixir, 15mg/5ml				
4	phenytoin	tablet,25mg and 100mg (sodium salt)				

- Education is important at all levels and in the health sector it is an ongoing process.

- If women remain uneducated both they and their children will suffer.

- Education is light, for the health sector to be successful girls must have education.

- Without girls education there will soon be no female health workers. Who will then care for the women. Male health workers must also have access to female anatomy otherwise they will not know what they are doing.

It was agreed after the discussion that a statement should be made by the Health sub committee. This does not have to be the same as that of the Education sub committee but could be used as a guideline.

A draft statement will be drawn up by Dr Mubarak of UNICEF and circulated for comments.

4 Update on NIDs

The NIDs were successful in 300 districts of Afghanistan. The remaining districts remained unaccessible for a number of reasons, mainly roads blocked by snow or landslides. It is hoped these districts can be reached by the time of the second round.

There were some logistical problems in the first round but it is hoped these will have been solved by the Technical Coordination Committee by the time of the second round.

Final figures are still coming in from the more outlying districts and a press release will be made soon.

Supervisor have also been given an extra day training to highlight and solve some problems encountered in the field.

More meetings will be held with local authorities requesting a time of peace and tranquility be held for the second round. This was agreed for the first round but in some areas the agreement was broken resulting in the sad deaths of two vaccinators.

UNICEF would like to extend its thanks to all NGOs who participated and helped in the first round and requested their continuing support of the second round.

5 Current situation in Health Sector

Women health workers are continuing to work without hinderance of the authorities.

6 Report on Drug Supply and discussion on recommendations

This point had to be deferred to the next meeting, due to lack of time.

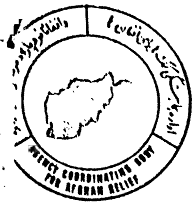
7 Any other business

Dr Yahya, a Medical doctor from Austria is interested in starting a publication for Afghan doctors. The publication would include articles from specialists and other publications available in the west. The aim of this would be to try and keep the Afghan doctors up to date and informed of progress made in the medical field.

Dr Yahya was unaware of the Salamati publication which is aimed at mid-level health workers and although he acknowledges the importance and quality of the magazine, feels that a more advanced publication is necessary for doctors.

The participants of the meeting agreed with Dr Yahya and would be very interested in his proposed publication. NGOs would also be able to assist in the distribution.

Next meeting of the Health Sub committee will by on **Monday 26 May 1997, 10.00 am, ACBAR Office, Peshawar.**



ACBAR اكبر

AGENCY COORDINATING BODY FOR AFGHAN RELIEF

MINUTES OF HEALTH SUB COMMITTEE

Monday 26 May 1997

Chairman: Dr Mirza Jan, ISRA

Minutes: Liz Spencer, ACBAR

Present: Dr M Farid Bazger, ORA. Dr M Saeed, SCA. Dr Sardar Mohd, DACAAR. Dr Haider Shah, RADA. M Roze Khan, AABRAR. Dr M Ismail Alam, IIRO. Dr Tarvor, ARF. Mir Ahmad Shah, HMRB. Dr Zahir, SC-USA. Dr Habibullah Frahmand, NSP/GTZ. Dr Shoaib Ahmadzai, AMI. Mr M Talb, HCI. Hafiz Jamil Ahmed, MRSA. Dr Gul Haib, LDI. Dr Kayoum Malezad, HHC. Ahedi, BEFARe.

1 Minutes of last meeting and Agenda

Both approved without comment.

2 Announcements

HMRB announced that they have been given some medication by CCAR. They have an excess of Injection Atropine 500, Largastile 800 and Aminophyllini 700 and would be happy to let others have these drugs rather than have medication expire in their store. All requests for these drugs should be in writing.

The expiry date of these medicines is uncertain since it is written in Chinese. ACBAR know of a Chinese lady in Peshawar. If the medication is brought to the office a translation can be made. HMRB will deliver the drugs to ACBAR office.

MOPH Kabul are requesting assistance from the NGOs to chlorinate the water supplies in Kabul to prevent the spread of water borne disease such as malaria.

TODAI Kabul have recently started a new treatment for Leishmaniasis. They request funding for the continuation of this programme. They will also be happy to train others, free of charge, in this new treatment method.

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Kabul, Afghanistan
Tel: 33684

3 Election of new Chairman

Dr Mirza Jan has been Chairman of the Health Sub-committee for the last 14 months. He would like a change and to see this responsibility go to someone else who may have fresh ideas and work more effectively. Dr Mirza Jan thanked everyone for their support during his term as Chairman.

Some names were put forward to replace Dr Mirza Jan but no consensus was reached. ACBAR will contact Dr Rahullah, SCA, Deputy Chairman of the sub-committee and ask if he will be prepared to take on the responsibility.

A decision will be made at the next meeting.

4 Request by Education Sub-committee for policy statement from Health Sub-committee

A copy of a draft statement was given to all members and the following comments made:

- The Taliban do want education but boys and girls must be separated. They will resolve the problem in time.

- The draft statement is too far from our objectives. Some of the points could be used to support the Education Statement.

- The Taliban are now being recognised as the official Government, give them time and they will produce their policies.

- Health education should be promoted.

- There should be more discussion with the Taliban.

It was agreed after much discussion that the sub-committee should wait and give the Taliban the chance to produce their policy on such matters.

5 Report on Drug supply and discussion on recommendations

All drugs banned by WHO should not be used. These have not been included in the lists.

Expectorants and cough syrups should not be given to children under the age of five.

It was mentioned that donor countries should mark drug packaging to prevent leakage to the open market. Better monitoring is also needed.

Joint Purchasing:This was considered to be a good possibility but it will need the agreement of the Directors of the organisations and a lot of work to set it up.

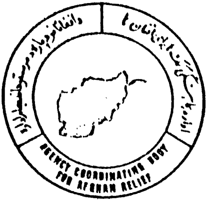
A meeting of the Directors will be called.

6 Any other business

HCI announced they have opened an MCH clinic in Khost. They had some excess medications which they have donated to other organisations.

There was no other business.

Next meeting will be on **Monday 23 June 1997, ACBAR Conference Room.**



ACBAR اکبر

AGENCY COORDINATING BODY FOR AFGHAN RELIEF

MINUTES OF HEALTH SUB COMMITTEE

Monday 23 June 1997

Chairman: Dr Mirza Jan, ISRA

Minutes: Liz Spencer, ACBAR

Present: Dr Ahmad Jan, IbnSina. Hafiz Jamil, MRSA. Dr M Farid Bazger, ORA. Dr Esmatullah, NAC. Mr Roze Khan, AABRAR. S Safdar, BEFARe. Dr Gul Habib, LDI. Dr Shoaib Ahmadzai, AMI. Mir Ahmad Shah, HMRB. Virginie Renaud, MRCA.

1. Minutes of the last meeting and Agenda

The spelling of one of the Chinese drugs available from HMRB should read Largactil.

No further comments were made on the Minutes and the Agenda was approved after moving Point 3 to the end of the meeting.

2. Announcements

The Chinese medicines available from HMRB do not have a use by date. Chinese officials were contacted and it would appear that manufacturers in China put the Date of Production on their products.

It was advised that the life span of drugs was between three and five years. If they are used within the three year time span they should be safe.

3. Discussion on Joint Purchasing

An invitation was sent to Directors of all health organisations requesting they attend a meeting to discuss the possibilities of joint purchasing of drugs. Only six organisations were present at the meeting. The undertaking of such a project involves a lot of work and commitment from all parties. The subject could not be discussed with only six participants.

A further letter of explanation will be sent to the directors and ACBAR Executive Director will be requested to announce this proposal at next General Assembly.

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Kabul, Afghanistan
Tel: 33684

4. Any other business

ACBAR office, Kabul have been requested to develop a case reporting format. This was to have been done by WHO but up till now there is no revised format. Health organisations in Kabul are working on a format and would appreciate the input of all organisations involved in the health sector in Afghanistan. The final document would have to be agreed by MOPH who have agreed to participate in any discussions.

There are different levels of health facilities, different forms would be needed to cover them properly.

If any organisation has an existing reporting format or any ideas as to what the document should include, please forward them to Liz Spencer at ACBAR.

It was suggested that NGOs in Kabul together with MOPH, WHO and UNICEF discuss this, design a format and then send it to Peshawar for comments/input.

Kabul will be requested to keep us informed of any developments.

5. Election of Chairperson

This was postponed to the next meeting as two of those proposed as Chairman were not present.

A final decision will be made at the next meeting. Those proposed as Chairman were:

Dr Roohullah, SCA
Dr Saeed, SCA
Dr Shoaib, AMI

There were no further points for discussion.

Next meeting will be **Monday 28 July 1997 10.00 am ACBAR.**

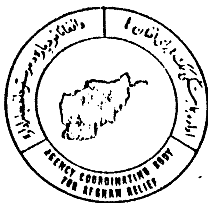
Anti-infective drugs

Anthelmintics

S	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	niclosamide	chewable tablet, 500mg				
2	pyrentel .	chewable tablet, 250mg(as embonate) oral supension 50mg(as embonate)/ml				

Antibacterial

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	amoxicillin	capsule or tablet,250mg, 500mg (anhydrous) powder for oral suspension, 125mg(anhydrous)/5ml				
2	ampicillin	powder for injection ,500mg (as sodium salt)in vial				
3	benzathine benzyl penicillin	powder for injection, 1.44g benzylpenicillin (=2.4 million IU)in vial				
4	benzylpenicillin	powder for injection ,2 million IU (as sodium or potassium salt)				
5	cloxacillin	capsule,500 mg (as sodium salt) powder for oral solution,125mg (as sodium salt)/ml				
6	phenoxymethyl penicillin	tablet,250 mg (as potassium salt) powder for oral suspension,250mg (as potassium salt)/5ml				
7	procaine benzylpenicillin	powder for injection ,1 million IU				
8	chloramphenicol	capsule,250mg (To be used under oral suspension,150mg (as palmitate restriction) salt/5ml powder for injection,1g (as sodium succinate) in vial				
9	erythromycin	capsule or tablet,250 mg (as ethylsuccinate) powder for oral suspension 125mg (as ethylsuccinate) powder for injection,500mg(as lactobionate) in vial				
10	gentamicin	injection,40mg(as sulfate)/ml in 2ml vial				
11	metronidazole	injection,500mg in 100ml vial				
12	trimethoprime + sulfamethoxazole	tablet,100mg + 20mg,400mg + 80mg oral suspension, 200mg + 40mg/5ml				
13	tetracycline	capsule or tablet, 250mg (hydrochloride)				
14	nitrofurantoin	tablet, 100 mg				



ACBAR

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AGENCY COORDINATING BODY FOR AFGHAN RELIEF

HEALTH SUB-COMMITTEE MEETING
Monday 28 July 1997

The participants:

-	Dr.M. Shoaib Ahmadzay	AMI
-	Dr. Dilagha Hedayat	SERVE
-	Dr. A. G. Safi	ARC
-	Dr. Abdullah Qaderdan	ARC
-	Wahida Farooq	BEFARe
-	Dr. Abdul Satar Jalili	MRCA
-	Dr. Sardar Mohammad	DACAAR
-	Dr. S. Qasimi	AGHCO
-	Dr. Saadat	ICD
-	Dr. RozeKhan	AABRAR
-	A. Rahim	ISRA
-	Hafiz Jamil	MRSA
-	Dr. Abdullah	AHC
-	Mir. Ahmad shah	HMRB
-	Dr. Ahmad Jan	Ibn Sina
-	Dr. Loan Liem	Ibn Sina
-	Dr. Gul Habib	LBI
-	Dr. Eddie Ndaga	UNICEF
-	Belquis R. A.	ACBAR
-	Faqir Mohammed	ACBAR

* * * * * * * * *

As the chairman was not present, the deputy chairman presided over the meeting. The meeting started by introduction of the individual participants.

i. **Approval of the agenda and minutes of the last meeting:**

The agenda and the minutes of the meeting were not circulated to the participants.

ACBAR apologized for not circulating the agenda and the minutes. Ms. Liz Spencer, who is responsible for the Sub-committee, is currently on leave and other staff were not informed to circulate the agenda and the minutes.

Both the minutes and the agenda were circulated in the meeting.

2 Rehman Baba Road,
University Town,
Peshawar.
Tel : 092 - 521 - 40839 / 44392
45347 / 45316

Postal Address
Univ. P.O. Box: 1084
University Town
Peshawar, NWFP., Pakistan
Fax : 092 - 521 - 840471

His other responsibilities included: Medical Coordinator for Aide Medical International Afghanistan and Chief Editor for health magazine (Salamati); Trainer and physician for Aide Medical International Afghanistan (AMIA); Practitioner and Director in Shaheed Dr. Abdullah hospital in peshawar.

iv. Discussion on Joint Purchasing of Drugs

A letter had already been sent to the directors of the organizations for their comments on the joint purchasing. Only one response from AABRAR was received during the meeting. Other agencies expressed their interest. Key organizations suggested the unification of drug purchase.

It was stressed that agencies consult each other and contact WHO and UNICEF on the issue. UNICEF and WHO should be briefed on the advantages of this exercise.

A follow up of all the decisions was recommended. Finally it was decided that the organizations should be given more time to think. The issue was, therefore, postponed to next meeting. Agencies were also requested to come up at the next meeting with their contribution.

Though, UNICEF supports the idea of joint purchasing of drugs, but is not in position to participate in joint purchasing of drugs. UNICEF supports the idea as long as it is related to vaccine. However, it will contact its Head quarter to take quotations and purchase drugs for the agencies, once the issue is finalized.

v. Any other business

A revised copy of case reporting format form by MOPH, which was designed together with UNICEF, WHO, was received at the meeting. Please find attached a copy of the form for your comments.

It was suggested that agencies should have presentation on their activities in the Sub-committee meetings.

The Next health Sub-committee meeting will be held on Monday 15 September 1997 at 10:00 am in ACBAR Conference room. The agenda will be circulated later.

ABLE - Has SERVE published new books. Does ABLE have them all? -

ii. Announcements:

SERVE circulated a list of health books available for purchase. Interested agencies can contact their main office, 5-Mulberry road, University Town Peshawar.

AMI announced that MOPH together with WHO are planning to specify a general hospital for women in Kabul. Considering impracticality of the issue, it was decided that a representative of WHO be invited for the next meeting to clarify the issue.

It was announced if agencies are interested to have WHO publications, they should send their requisition letter to ACBAR, which will then be forwarded to WHO.

iii. Election of new Chairman

Dr. Mirza Jan from ISRA had resigned due to workload. ACBAR should like to thank him for his cooperation as chairman of the Sub-committee and wish him all the best.

Three members were proposed as Chairman at the last meeting. They were:

- Dr. Rohullah SCA
- Dr. M. Shoaib AMI
- Dr. Saeed SCA

After election through secret ballots, Dr. Rohullah was elected as Chairman by majority of vote and Dr. Shoaib as Deputy Chairman.

DR. Rohullah has been working for thirteen years in public health in Afghanistan. He worked as a director training for IMC and core group coordinator for CMCEP (Combined Mid-level, Continuous Education Program). Currently, he works as a Chief Technical Advisor (CTA) for Swedish Committee for Afghanistan.

The newly elected Chairman stated that we have to be pragmatic in our work. ACBAR Health Sub-committee is a coordinating body of the health activities for Afghans. For effectiveness, efficiency and sustainability, we have to cooperate and coordinate our work through this Sub-committee.

Dr. Shoaib, the Deputy Chairman, has been working as medical responsible of Salamati, responsible of training and representative of AMI in ACBAR meetings.

He also remained as a Chairman of the ACBAR Health Sub-committee in the past.

دولت اسلامي افغانستان
وزارت صحت عامه
فورمه راپور دهي معلومات صحي

ولایت: ______________ کود نمبر: ______________

ولسوالي: ______________ کود نمبر : ______________

نوع تسهیل صحي ومحل آن: ______________ تعداد بستر : ______________

راپور دهنده: ______________ وظیفه رسمي راپور دهنده: ______________

امضاوتاریخ : (/   /   )

راپوراحصائیوي ماه (   ) سال (   ).

1-مجموع مراجعین : (Total Attendance).

سن به سال :	کمتر از یکسال		1 - کمتر از 5 سال		5 - 14 سال		15 ساله و بالاتر		مجموع		مجموع عمومي
	ذکور	اناث	ذکور	اناث	ذکور	اناث	ذکور	اناث	ذکور	اناث	
مریضان OPD											
مریضان داخل بستر(1)											
مجموع											

1-صرف در تسهیلات صحي ایکه خدمات داخل بستر داشته باشد قابل تطبیق میباشد .

2-واکسیناسیون (معافیت کتلوي Immunization).

سن / واکسین :	BCG	OPV1 DPT1	OPV2 DPT2	OPV3 DPT3	OPV4 سرخکان
کمترازیکسال :					
1 - 2 ساله :					
مجموع					
خانمهاي درسن باروري : (CBA) 15 - 45 ساله	TT1	TT2	TT3	TT4	TT5

3-ارقام مصابیت ها : (Morbidity Data).

تشخیص : Diagnosis		گروپ سن (Age Group)	کمترازیکسال	1- کمتر از 5 سال	5-14 سال	15ساله وبالاتر	مجموع
1-سوتغذي P.E.M		1)متوسط Moderate					
		1,2) شدید Severe					
2-کمخوني :							
3-اسهالات Diarrhea	3,1)اسهالات حاد: A.G.E	3,1,1)بدون دیهایدریشن					
		3,1,2)دیهایدریشن قسمي					
		3,1,3)دیهایدریشن شدید					
		3,1,4)اسهال خوني					
	3,2) اسهالات مزمن						
4-انتانات طرق تنفسي :	4,1) انتانات حاد	4,1,1) سرفه، ریزش					
		4,1,2)سینه بغل					
	4,2) انتانات مزمن						
5-پرازیت هاي معائي Intestinal Parasitis							
6- ملاریا Malaria	6,1) میکروسکوپیک Microscopic	6.1.1) P.V					
		6.1.2) P.F					
		6,1,3) M I X					
	6.2) کلینیکي Clinical						
7- لشمانیا Leishmaniasis							

تشخیص : Diagnosis	گروپ سنی (Age Group)	کمتر از یکسال	1 کمتر از 5 سال	5 14 سال	15 ساله وبالاتر	مجموع
8- تبرکلوز: Tuberculosis	8,1) ریوی Pulmonary	8.1.1) بلغم (+) Spulum				
		(8.1.2 بلغم (-) Spulum (***)				
	8.2)خارج ریوی : Extra Pulmonary					
9-فلج اطفال : Polio myelitis						
10-سیاه سرفه : Whooping cough						
11-سرخکان : Measles						
12-دیفتری : Diphtheria						
13-تیتانوس نوزادان : Neonatal Telanus						
14-تیتانوس : Telanus						
15-التهاب سحایا ودماغ : Meningitis +Enciphalitis						
16-محرقه : (Typhoid fever (Enteric fever						
17-مرض سگ دیوانه : Rabies						
18-انتانات گوش Ear Infection	18,1)التهاب حاد: Acute Otitis					
	18,2)التهاب مزمن : Chronic Otitis					
	18,3) التهاب حلقوم و تانسل Tansilo Pharyngitis					
19-آفات طرق بولی: Urinary Tract Disorder	19.1) انتانات حاد: Acute Infections					
	19.2) انتانات مزمن: Chronic Infections					
20- آفات چشم: Eye Diseas	20.1) التهاب منظمه: Conjunctivitis					
	20.2) کوکره: Trachoma					
	20.3) کمبود ویتامین آ: Vitamin A Defeciency					
21- جذام : Leprosy						
22-مرض جاغور : Goiter						
23- مرض شکر : Diabetes						
24- تشوشات روحی : Mental Disorder						
25- اعتیاد : Dependency						
26- آفات جلدی : Skin Disorders						
27 - مراقبت در رابطه به حاملگی: Pregnancy Care	27.1) قبل از ولادت : Antenatal					
	27.2) بعد از ولادت: Postnatal					
	27.3) در زمان ولادت: Delivery					
	27.4) امراض مترافق باحاملگی					
28-امراض نسائی Gynaecological Problems						
29-واقعات جراحی: Surgical cases	29.1) واقعات جنگی: War Accident					
	29.2)واقعات غیر جنگی: Accident					
	29.3) تصادمات ماین : Mine Accident					
30-تکالیف دندان: Dental Problems	30,1)کشیدن Extraction					
	30,2)پرکردن Filling					
	30,3)سایر تکالیف دندان Others					
31-آفات قلبی وعائی Cardio vascullar Diseases	31,1) فرط فشار خون Hypertension					
	31,2) امراض روماتیزم قلبی (R H D)					
	31,3) سایر امراض قلبی (Others)					
32-تشوشات جهاز هضمی: (G.I.S)	32,1) التهاب کبد : Hepatitis					
	32,2)التهاب معده : Gastritis					
	32,3) سایرامراض جهاز هضمی (Others)					
33-سایر امراض: Other diseases						
مجموع						

نوت : (***) در اطفال مصاب توبرکلوز ریوی

4-ارقام وفیات Mortality:

جنس / عمر	کمتر از یکسال	1-کمتر از 5 سال	14-5 سال	15 ساله و بالاتر	مجموع
مذکر					
مؤنث					
مجموع					

عوامل و یا اسباب عمده فوت Main Cause of Death	علت	تعداد	علت	تعداد
	-1		-6	
	-2		-7	
	-3		-8	
	-4		-9	
	-5		-10	

5 _ فعالیت هاي انکشافي: Health Promotive Activities

تعداد مجالس که در آن تعلیمات صحي صورت گرفته است:

- در تسهیلات صحي ______________
- در اجتماع یا در بین مردم ______________
- در مکتب ______________
- در مساجد ______________
- در رادیو و تلویزیون ______________
- در سایر محلات ______________

موضوعات مورد بحث: ______________

____

____

____

____

____

6_ فعالیت هاي مربوط به آب آشامیدني و حفظ الصحة محیطي Water and Sanitation Activities

_ تعداد چاه هاي حفر شده ______________

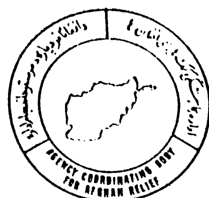
_ تعداد چاه هاي تفتیش شده ______________

_ تعداد چاه هاي ضد عفوني شده ______________

_ تعداد بیت الخلاهاي کنده شده ______________

_ دیگر فعالیت ها در این مورد ______________

7_ تبصرة عمومي و یا دیگر ملاحظات (اگر خالیگاه زیاد براي نوشتن ضرورت داشته باشید لطفاً از پشت صفحه استفاده کنید).



ACBAR اکبر

AGENCY COORDINATING BODY FOR AFGHAN RELIEF

HEALTH SUB-COMMITTEE MEETING

Monday 15 September 1997

Chairman: Dr Shoaib Ahmadzai, AMI

Minutes: Liz Spencer

Present: Dr Safi, ARC. Alexandra, HNI. Waheeda Farouk, BEFARe. Eng Ghulam Dastigir, HCI. M Roze Khan, AABRAR. Dr Mirza Jan, ISRA. Dr Farid Bazger, ORA. Dr Noor Habib, MDC. Dr Sardar Mohamad, DACAAR. Dr Haider Shah, RADA. Dr Abdul Satar Jalili, MRCA. Dr Saadat, ICD. Dr Akmal Naweed, ICD. Mir Ahmad Shah, HMRB. Dr D Hidayat, SERVE. Dr M Ismail Alam, IIRO.

1. Approval of Minutes of the last meeting and the Agenda.

Dr Mirza Jan noted that the second paragraph under point i was incorrect. He did receive a copy of the Minutes and the Agenda prior to the last meeting on 28 July 1997.

Point iv, a letter had been sent to agencies giving time to respond, this subject was not an agenda point at the last meeting.

The Agenda was approved.

2. Announcements

Healthnet International

Since the floods in Mehterlam special attention should be paid to clinic data. Medical workers should be alert for an increase in Malaria cases, early detection of an increase can prevent an outbreak. If any unusual increase is noted please contact Healthnet International.

A special Malaria Sub-committee has been established in Jalalabad, the next meeting will be held on 29 September 1997.

More information from HNI is attached.

PESHAWAR OFFICE:
2 - Rehman Baba Road,
U.P.O. Box: 1084,
U/Town, Peshawar - Pakistan.
Tel: 44392 / 40839 / 45316 / 45347
Fax: 092 - 521 - 840471
email:director@acbar.psh.brain.net.pk

KABUL OFFICE
House 4, Street 6
Farukhi Watt
Shehr - e - Now
Kabul - Afghanista
Tel 30730 / 34...
35673 / 30500

Antituberculosis drugs

(To be used only in the presence of anti-tuberculosis programmes)

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	ethambutol	tablet, 400mg (hydrochloride)				
2	isoniazid	tablet,100mg,300mg				
3	pyrazinamide	tablet, 500mg				
4	Rifampicin	capsule or tablet 150mg,300mg				
5	streptomycin	powder for injection , 1g (as sulfate) in vial				
6	thiacetazone +isoniazid	tablet,50mg + 100mg 150mg + 300mg				

Antifungal drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	griseofulvin	tablet,125mg,250mg				
2	nystatin	tablet,100 000 IU,500 000IU lozenge,100 000 IU pessary,100 000 IU				

Antiprotozoal drugs

Antiamoebic and antigiardiasis drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	metronidazole	tablet,200mg,500mg oral suspension, 200mg (as benzozte)/5ml				

Antimalarial drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	chloroquine	tablet 150mg(as phosphate or sulfate) syrup,50mg(as phosphate or sulfate)/5ml				
2	primaquine	tablet,7.5mg,15mg (as diphosphate)				
3	quinine	tablet,300mg (as bisulfate or sulfate) injecition,300mg (as dihydrochloride)/ml in 2ml ampoule				
4	sulfadoxine + pyrimethamine	tablet,500mg + 25mg				

HNI receive many requests from NGOs for laboratory work/equipment. HNI regret they are unable to cover these expenses. NGOs should find an alternative laboratory or request funding to set up their own facilities.

ISRA have started supporting three clinics and are supplying supplementary feeding for lactating mothers and children.

MOPH, Jalalabad reported an outbreak of cholera (unconfirmed). So far five cases have been reported.

HNI believes this is now under control but WHO and MOPH should call a meeting of NGOs to discuss this matter.

HCI have established 2 clinics for orphans and refugees, more information will be given at the next meeting.

3. Joint Purchasing of Drugs.

On July 10 a letter was sent to some 40 agencies involved in the Health Sector. Twelve replies have been received, only two agencies were positive and prepared to undertake some of the work necessary for such a project to be established.

Due to the lack of interest it was agreed by the members of the meeting that this issue be dropped from future agendas.

4. Presentation on activities.

Dr Safi, ARC will give a presentation at the next meeting.

5. Presentation by ICD.

ICD is not an NGO, it is an organisation with direct backing from the Italian Ministry of Foreign Affairs.

ICD have been active in NWFP of Pakistan since 1984, concentrating on a TB control programme for Afghan refugees which commenced in 1985.

Two surveys were undertaken amongst the Afghan refugees in 1984 and 1989 and a third survey in 1992 concentrated on the Pakistani population. As a result of this third survey the TB control programme was extended to the Pakistani population.

ICD plan to hand over their activities to the Provincial Director of Health by the end of 1999. However more funding is necessary to be able to establish continuing drug supplies, training, recording and reporting methodologies, laboratory activities and organise a proper Anti TB network.

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ICD plan to hand over their activities to the Provincial Director of Health by the end of 1999. However more funding is necessary to be able to establish continuing drug supplies, training, recording and reporting methodologies, laboratory activities and organise a proper Anti TB network.

There is a growing problem in both the Pakistani and Afghan community of TB resistant cases. Patients do not always complete the cure, especially those who have travelled from Afghanistan to NWFP for initial treatment and return to their homes before completing their cure.

NGOs and UN agencies are requested to contact ICD if they can offer any assistance.

Comments

The cure for TB is lengthy and expensive, patients should be given free drugs.

What is the BCG coverage?

The coverage for BCG vaccine is approximately 80% but this only protects against the complications not the disease. Better controls are needed.

6. Any other business

There was no further business the meeting was adjourned.

Next meeting of the Health Sub-committee will take place on Monday 13 October 1997 at 10.00 am in ACBAR Conference Room.



To: All UN Agencies and NGOs working in the Eastern Zone

From: Alexandra Simon-Taha, MCP-HNI, Jalalabad

Date: 13th September 1997

Re: Increase in malaria

In the past few weeks there has been a lot of rain and flooding in certain areas of the Eastern Zone and there is an increased risk of malaria. We are approaching the Plasmodium falciparum (Pf) season, (type of malaria which can cause death); cases of Pf normally pick in October/November as in contrast to Plasmodium vivax which picks in the hot summer months.
I would like to ask all those agencies involved in health to keep an eye on the clinic data they are receiving and also to inform their staff dealing with malaria, to report to HNI in case any of the following happens:

- **Pf slide positivity rate increases above 50%,**
- **if there is an increase of 1.5 or 2 times more then in the same month as last year,**
- **or just in general, an unusual increase of malaria cases.**

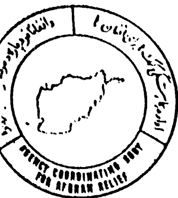
The early detection of an unusual increase of malaria cases is very important in controlling epidemics.

HNI offices to be contacted are:

- Alexandra Simon-Taha or Dr Saleh
  Malaria Control Programme
  HealthNet International
  Jalalabad
  (same street as the Governor's house)

- Dr Mark Rowland or Naem Durrani
  HNI
  Karakul Lane 4, University Town
  Peshawar
  ph: 42 551 / 44 027

4 Karakul Lane, P.O. BOX 889, University Town, Peshawar, Pakistan
Tel: (92) 91 42551 & 44027 Fax: (92) 91 840379
E-Mail: malaria @ msfhni.psw.erum.com



ACBAR اکبر

AGENCY COORDINATING BODY FOR AFGHAN RELIEF

HEALTH SUB COMMITTEE MEETING

Monday 13 October 1997

Chairman: Dr Shoaib Ahmadzai

Minutes: Liz Spencer

Present: Carl Johan Roberts. Dr B G Safi, ARC. Goran Netinder, SCA. Alexandra Simon-Tahr, HNI. Dr Gul Habib, LDI. Dr Anwarulhaq, IbnSina. S Safdar, BEFARe. Dr Kayoummalekzad, HHC. Dr Mirza Jan, ISRA. Dr Farid Bazger, ORA. Dr Esmatullah, NAC. Dr Nasrin, HCI. Dr D Hiduyat, SERVE. dr Abdul Satar Jalili, MRCA.

1 Approval of the Minutes of the last meeting and the Agenda

Reference was made to the outbreak of Cholera mentioned at the last meeting. There is no further information available.

2 Announcements

UN headquarters have decided that all countries with a UN presence should have an HIV/AIDS awareness campaign. ACBAR are participating in this campaign and would be grateful of any information on the subject i.e. are any organisations involved in an AIDS programme, aware of the problem or if you have any useful information please contact Liz Spencer at ACBAR.

SERVE announced at a previous meeting that they had several publications available for purchase. Since the Taliban have forbidden anything with pictures these books cannot be used widespread and are now available for any organisation who may be able to use them. Contact Peshawar or Jalalabad offices, in writing.

AMI circulated an job announcement. They are looking for a **volunteer** female Ob/gyn doctor, to improve and develop the relevant section of their magazine SALAMATI. If you or any of your friends or colleagues are interested please contact AMI.

3 Presentation by Dr Safi, ARC

ARC have been working in Afghanistan for many years and are trying to expand their activities. They have completed several projects over the years and in 1992 they established a PHC in Behsud. This

PESHAWAR OFFICE:
2 - Rehman Baba Road,
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KABUL OFFICE
House 4, Street 6
Farukhi Watt
Shehr - e - Now
Kabul - Afghanistan
Tel: 30730 / 34519
35673 / 30509

clinic covers a geographical area of some 220 sq. km. with an estimated population of 71,810.

The clinic deals with OPD, MCH, Health education, Nutrition + ORT, control of endemic disease, malaria, TB and Diarrhoea, EPI, Nursing, laboratory, pharmacy and medical records.

The outreach and training programme covers; malaria, TB, TBA, Health education and sanitation. Community health workers and traditional birth attendants are trained.

To improve the women's situation Women Organisations have been established in 15 villages and there are now 35 community organisations. The head of each organisation is a bridge between BHU and the community and ensure the work of the outreach programme is implemented.

It is hoped in future to expand this type of project to other areas.

Questions

How many patients does the doctor see in one day, on a visit to this clinic there appeared to be too many patients for one doctor.

Why do we not train people in Peshawar?

How do the women's organisations work in the present climate?

What information is there on the TB programme?

Not all of the patients coming to the clinic see the doctor, there is a screening process.

It is possible to train people inside Afghanistan if done carefully.

The women do not come to the centre they work in their own villages, the supervisor is able to travel with permission of the local authorities.

All suspected TB cases are sent to ATA for positive diagnosis. We work very closely with ATA and full records are kept.

4 Situation in Afghanistan

There has been no noticeable change in the situation inside Afghanistan in the last month.

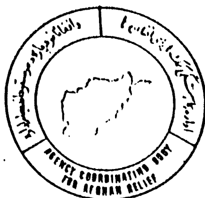
5 Any other business

It was noted WHO and UNICEF rarely attend these meetings. ACBAR will send a letter requesting their attendance at future meetings.

There will be a Health Coordination meeting in Jalalabad on 20 October 1997 at UNOCHA offices, Jalalabad, you are invited to attend.

Dr Kayaum Malekzad will give a presentation on the activites of HHC at the next meeting.

Next meeting will take place on **Monday 24 November 10.00 am ACBAR Conference room.**



ACBAR

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AGENCY COORDINATING BODY FOR AFGHAN RELIEF

HEALTH SUB COMMITTEE MEETING

Monday 24 November 1997

Chairman: Dr Shoaib Ahmadzai

Minutes: Liz Spencer

Present: Dr S Qassim, AGHCO. Dr M Farid Bazger, ORA. Mohammad Wali, SCA. A Rahim, ISRA. Mir Ahmad Shah, HMRB. M Roza Ishan, BAAR. Javed Shaza, CE. Dr Eddie Ndaga, UNICEF. Dr A G Safi, ARC. Dr AM Saadat, ICD. Dr Ahmad Jan Naeem, IbnSina. Waheeda Farouk, BEFARe. Dr Els Duysburgh, LEPCO.

1 Minutes of the last meeting and Agenda.

A correction was made to Dr Safi's name the initial B had been used, it should read A.

Point 3 Presentation by Dr Kayaum Malekzad, HHC, will be put to the end of the agenda as he was not yet present.

2 Announcements.

A letter has been received from the Head of MoPH, Hazaristan, requesting assistance from all NGOs in the areas of: Bamyan, Parwan, Wardak, Ghazni, Ghor and Urozgan where some five million people reside and are in need of assistance.

AMI have been facing a problem with respect to the hospital in Logar. They are currently discussing this problem with the authorities in Kabul and it is hoped it will be resolved soon.

ARC, in the past had some problems with the authorities demanding they employ extra staff. After some discussion the authorities realised it was not possible for ARC to pay these additional employees and the matter was resolved.

LEPCO have recently opened an office in Peshawar. They were based in Mazar-i-Sharif but due to the security situation had to close their office and suspend some of their programmes. The office in Mazar-i-Sharif is operating again but their main office will now be based in Peshawar.

LEPCO have two main fields of work Leprosy and TB. Their leprosy programme is running in Hazarajat. TB programmes were operating in Hazarajat and Mazar-i-Sharif. However, due to the situation in Mazar the TB programme has been suspended.

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. Antimigraine drugs

r treatment of acute attack

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	acetylsalicylic acid	tablet,300, 500mg				
2	ergotamine	tablet, 2mg (tartrate)				
3	paracetamol	tablet, 500mg				
4	**FOR PROPHYLAXIS** propranolol	tablet, 10mg				

8. Drugs affecting the blood

Antianaemia drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	ferrous salt+folic acid	tablet, 60mg + 0.25 mg				
2	hydroxocobalamin	injection,1mg in 1ml ampoule				

Drugs affecting coagulation

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	heparin	injection, 1000 IU/ml,5000 IU/ml, 20 000 IU/ml in 1-ml ampoule				
2	phytomenadione	injection, 10mg/ml in 5-ml ampoule tablet, 10 mg				
3	protamine sulfate	injection, 10mg/ml in 5-ml ampoule				

9. Blood product and plasma substitutes

Plasma substitutes

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	dextran 70	injectable solution, 6%				

While in Mazar LEPCO initiated a Taskforce to better coordinate the TB programmes in the area. This proved very successful and they would like to cooperate with all NGOs working in TB control/treatment. Once their office is fully established they will make contact with the relevant organisations.

WFP have requested that any organisation taking goods into Bamyan Province contact them with the amount of goods they are taking and which routes they have been using. WFP are having problems getting food to the people of Bamyan and wonder if they have exhausted all possibilities. Any new ideas would be appreciated.

ARC propose that a seminar be held on Primary Health care for the Provinces of Laghman, Kunar, Paktia, Nangarhar, Logar, Ghazni and Wardak. ARC would take the lead in this and prepare a programme, run the workshop and prepare a proposal for UNICEF funding.

4 Update on Health in Afghanistan

Bicycles for Afghan Amputees Rehabilitation (BAAR) This is a splinter organisation from ARBRAR. BAAR are planning to open an office in Kabul to assist women, children and men amputees. They will coordinate with organisations working in the same field.

They are also looking for office space in Peshawar. If any organisation has rooms available, preferably in University Town, they will be happy to come to some arrangement.

5 Any other business

Dr Rohullah, SCA has not attended Health Sub-committee recently. It was suggested that perhaps someone who attends more regularly should be Chairman. A new Chairman will be elected next meeting.

The plans for 1998 will be discussed at the next meeting. Any ideas should be sent to Liz Spencer by 13 December 1997.

3 Presentation by Kayaum Malekzad, HHC.

This point in the agenda had to be cancelled as Dr Malekzad did not attend the meeting.

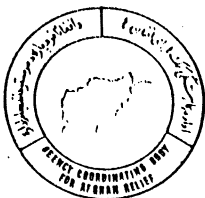
Next meeting will take place on **Friday 19 December 1997, 10.00 am ACBAR Conference Room.**

TABLE 1

LIST OF HOSPITALS IN KABUL CITY

Dist.	Name Of Hosp.	Specialities	No. of Beds Pre Sep.			No. of Beds Post Sep.			No. of Staff Pre Sep.			No. of Staff Post Sep.			Supported BY
			Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	
1	Maiwand Hospital	ENT Plastic Surgery Dermatology Ophthalmology Pediatrics Nutrition Medical Infectious	110 (140 for Pediatric)	110	220	200 (140 for Pediatric)	0	200			328				ACF PSF MRCA MEDAIR IAM/NOOR
4	Malalai Hospital	Obstetrics (Gynae)	0	140	140						360				PSF ICRC
4	Nazo Ana	Obstetric Gynecology	0	25	25	0	0	0			42	0	0	0	UNICEF ARCS ACTED
4	Ali Abad	Neuro - 5 Surgery ~~Genics~~ Gnite Urinary Internal Medicine			165	165	0	165							MDM ICRC PSF
10	Noor eye Hospital Wazir/Karte Seh	Ophthalmology	22	16	38	22	16	38	60	10	70	60	5	65	IAM
5	Police Hospital	Surgery Internal Medicine ENT Surgery			50										

Printing date 10/21/97



ACBAR اکبر

AGENCY COORDINATING BODY FOR AFGHAN RELIEF

HEALTH SUB-COMMITTEE MEETING
19 December 1997

The participants:

	Name	Title	Agency
-	Asef Bhatti	Liaison Officer	SGAA
-	Javid Shah	CE	BAAR
-	Imroz Khan	Director	BAAR
-	A G Safi	Director	ARC
-	S Safdar	P O	BEFARe
-	Dr Sardar M.	Health Edu. Trainer	DACAAR
-	Dr Esmatullah	Health Coordinator	NAC
-	Dr Mirza Jan	Health Director	ISRA
-	Dr Mohammad Saeed	Hlth. Tech. Advisor	SCA
-	Dr Kayoum Malekzad	Director	HHC
-	Dr E Haswer	Medical Coordinator	LEPCO
-	Dr Shoaib Ahmadzai	.	AMI
-	DR Homayoon	Doctor	AGHCO
-	A M Saadat	.	ICD
-	Dr Gul Habib	.	LBI
-	Dr Eddie Ndaga	Asst. Proj. Officer	UNICEF
-	Jawed Ludin	Programme Officer	ACBAR

Apologies:

	Name	Title	Agency
-	Dr Anthony	Local Rep.	HAF

****

Due absence of the chairman for one more time, the meeting was presided over by the deputy chairman, Dr Shoaib Ahmadzai. Before getting down to discussing the agenda, a concern was raised on the very poor participation of the chairman in the meetings, and that the next chairman should ensure maximum attendance to the meetings.

1. Minutes of the last meeting and the Agenda

While the agenda was approved in absence of any comments, the following corrections were made to the last minutes:
1. The term Hazaristan, in the first paragraph under "Announcements" should be replaced with Bamyan Province.
2. The third paragraph under "Announcements" should be removed, as ARC said that they have not reported anything in that regard in the last meeting.

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2. Announcements

Distributing a circular to the participants, BAAR (Bicycles for Afghan Amputees) announced that they had previously been part of AABRAR, but have recently separated as an independent organization. BAAR, with its main office in San Francisco, USA, will start its main activities in Kabul next week. A clinic will be established there which not only help amputees but also ordinary patients. BAAR will appreciate any assistance rendered to them by other agencies. The small office that BAAR is currently using is located at: 106, 2nd floor, Gul Haji Plaza, Peshawar.

An announcement was received in writing from Mercy International. It said that the Mercy Hospital in Peshawar has recently opened an OPD section for dermatology cases. The timing will be for male patients from 12:00 to 2:00 pm every Thursday, and for female patients on every Wednesday at the same hours.

3. Election of new chairman

Dr A G Safi, Director of ARC, nominated himself for the chair. And he was unanimously elected when no other candidate stood for the election. After congratulations from the floor, the new chairman thanked the participants for their confidence and hoped that the sub-committee will grow more and more effective with the cooperation of all members. He stressed that the effectiveness of coordination will solely rely on participation. Dr Safi said that he would do his best to lead the sub-committee towards better coordination, and requested for contribution of the members.

Congratulating Dr Safi, ACBAR thanked him for his commitment and wished him every success.

4. Planning activities for 1998

ACBAR clarified that this item of the agenda includes not only planning for the sub-committee's activities in 1998, but also briefings on the major plans of all agencies for the next year.

The new chairman stressed that the sub-committee should plan the important activities it could undertake during the next year. Arranging field trips will be one of them. He said that he will prepare a detailed schedule for field trips and will propose it to the next meeting. He added that the sub-committee should be able to achieve a fair level of coordination for the next year; joint programmes based on the area presence of NGOs should be arranged, certain terminologies should be defined which will help create a

common language in the sector of health. The sub-committee should also try to maximize the participation of UNICEF and WHO in its meetings since no proper decision making platform could be achieved unless these two bodies are involved.

It was decided that this item of the agenda be postponed for the next meeting. All the agencies are requested to make 5-minutes presentations on their plans for 98 in the next meeting. The agencies are specially requested to prepare very short (one-page) written briefings that could be circulated to the participants.

UNICEF presented a brief outline of their activities in the next year. UNICEF will continue to work in Afghanistan in the year 1998, particularly for the interest of women and children. Most of UNICEF's programmes will continue and remain functional; EPI will be further expanded by ensuring bigger and balanced coverage; prevention of diseases will be one of UNICEF's focus areas; and running certain campaigns ie Polio, etc will also be considered.

UNICEF will launch a new programme in 1998 termed as Save Motherhood. This programme will cover all the 5 regions and will include various activities to reduce the vulnerability of women.

UNICEF will shortly hold a planning meeting for 1998 in which some NGOs will also be invited to participate.

5. **Presentation by HHC**
Attached.

6. **Any other business**

LEPCO
The current activities of LEPCO (Leprosy Control) cover mainly the central region of Afghanistan, namely Hazarajat. This is because this area is known to be affected by Leprosy. However, LEPCO will shortly send questionnaires to all NGOs requesting them to report on any Leprosy cases in other parts of the country. This activity is part of a general research on existence of Leprosy all over the country.

ICD said that LEPCO can contact JAMS (Japan Afghan Medical Services) who also work on Leprosy.

ARC said that the statistics of many years back showed Leprosy cases in Zebak district of Badakhshan. Leprosy may even now exist there.

THE NEXT MEETING
The next Health Sub-committee meeting will take place at 9:30 am on Monday 2 February 1998.

HUMANITY HEALTH CENTER

SUMMARY REPORT OF ANNUAL ACTIVITY FOR 1997

December 10, 1997

At the end of 1994, most of the health centers which were serving the refugees in NWFP were closed. The poor Afghan refugees were facing a great risk of health problems. The mortality rate in areas where refugees were living were increasing. In this critical time, The Humanity Health Center (HHC) was established in Shakas area of Jamrud near Hayatabad township with the agreement of the Ministry of Health of Afghanistan. Shakas is an area in which almost 10000 Afghan refugees are living. The goal of this center is to reduce mortality and morbidity rate among refugees and to provide preventive and curative care for the refugees. During 1997 a large number of different cases have been registered with HHC and most of them have been treated (the annual report is attached). In addition to the routine daily work, the following activities have been conducted throughout the year:

- Conference for women about infected water.
- Conference for women about water born diseases.
- Conference for women about benefit of deep well water.
- Lectures for local Traditional Birth Attendants about septic and antiseptic

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delivery.

- Lectures for local TBAs about methods of cutting the new born umbical.

- Conference about the benefit of medical circumcision and cutting by barber and demonstration of infected penis blefarit and epididymitis.

1st Jan., 1997

Annual Report of Humanity Health Center

No.	Name of Diseases	Month of the year												Total
		1.95	2.95	3.95	4.95	5.95	6.95	7.95	8.95	9.95	10.95	11.95	12.95	
1	Malaria p.v.	31	39	31	17	18	63	53	51	45	13	33	25	419
2	Malaria PF	2	1	0	0	0	0	0	0	0	2	0	6	11
3	Amebiasis	11	9	17	12	26	30	24	22	25	8	16	22	222
4	Giardiasis	5	4	34	25	31	24	24	28	30	28	12	14	259
5	Tonsilitis	10	10	20	12	26	30	22	26	25	22	6	16	225
6	Cholecystitis	0	0	0	0	2	0	4	16	0	0	0	6	28
7	Hepatitis	0	0	0	2	4	2	4	4	2	4	2	10	34
8	Orchitis	4	0	2	0	0	2	0	0	2	8	8	4	30
9	Mastitis	0	0	2	0	2	2	0	0	2	0	6	10	24
10	Gastroentritis	12	32	0	24	29	18	28	26	24	12	8	14	227
11	Vaginitis	0	0	2	6	0	0	2	0	4	4	2	6	26
12	Vulvo vaginitis	2	0	0	0	2	4	0	0	4	6	0	4	22
13	Ascaredosis	12	0	4	0	8	0	12	2	24	12	6	10	90
14	Teania Saginata	2	4	2	0	0	2	0	4	0	2	2	6	24
15	T. H nana	0	0	4	0	0	0	4	0	0	2	2	8	20
16	Oxuriasis	24	10	24	8	6	14	10	4	2	12	10	14	138
17	Otitis	14	14	10	10	6	6	8	16	12	10	14	26	146
18	Rhumatism A.A	0	2	0	0	0	2	4	0	0	2	4	10	24
19	Rhumatoid A.	0	0	0	0	0	4	2	4	8	6	8	14	46
20	Mitral Stenosis	0	0	2	0	2	4	0	6	0	8	2	4	28
21	Mitral Insufficiency	0	2	0	0	0	2	4	0	0	2	4	2	16
22	Mitral Disease	0	0	2	0	0	0	0	4	0	0	2	0	8
23	Ichimic Heart Disease	0	0	0	2	2	0	0	0	2	0	0	2	8
24	Bronchitis	14	8	10	36	20	22	24	22	24	26	30	44	280
25	Gripp	0	30	36	16	20	28	24	20	18	14	12	34	252
26	Broncho Pneumania	14	8	10	36	26	22	24	22	20	24	26	40	272

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Plasma fraction for specific uses

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	albumin,human	injectable solution,5%, 25% factor				

10. Cardiovascular drugs

Antianginal drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	glyceryl trinitrate	tablet,(sublingual), 0.5mg				
2	isosorbide dinitrate	tablet,(sublingual), 5mg				
3	nifidipine	capule and tablet, 10mg				
4	propranolol	tablet, 10mg				

Antidysrhythmic drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	propranolol	tablet, 10mg, 40mg injection, 1mg (hydrochloride) in 1ml ampoule				

Antihypertensive drugs

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	hydrochlorothiazide	tablet,25 mg				
2	nifidipine	tablet, 10mg				
3	methyldopa	tablet, 250 mg				

Cardiac glycoside

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	digoxin	tablet, 0,5mg injection, 0.25mg/ml in 2 ml ampoule				

Drugs used in vascular shock

SN	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	dopamine	injection,40mg (hydrochloride)/ml in 5 ml vial				

1st Jan., 1997

Annual Report of Humanity Health Center

No. Name of Diseases	Month of the year												Total
	1.95	2.95	3.95	4.95	5.95	6.95	7.95	8.95	9.95	10.95	11.95	12.95	
27 C.O.P.D.	6	2	0	0	2	0	4	0	2	4	8	6	34
28 TB Pulmonal	0	4	0	8	4	6	8	14	8	8	0	8	68
29 Gastritis	12	22	0	24	18	28	26	0	26	24	12	16	208
30 Duodenal Ulcer	10	14	8	0	12	12	10	22	20	14	8	12	142
31 U.T.I.	24	32	0	14	16	20	6	6	4	6	4	14	146
32 Thyphoid Abdominal	12	6	0	2	0	0	6	6	2	4	6	4	48
33 Measle	10	0	8	14	0	0	0	4	2	4	6	14	62
34 Chicken Pox	0	0	0	0	0	4	0	0	4	0	0	6	14
35 Recketis Vit. D Defecie	0	0	0	4	2	0	6	0	8	2	0	4	26
36 Hypertension	16	24	10	2	4	4	12	2	16	8	12	22	132
37 Hypotension	0	6	4	10	6	8	6	18	6	16	12	18	110
38 Dyskinesia	0	4	0	4	4	6	10	8	6	24	12	16	94
39 Jingivite Stomatitis	0	0	0	2	2	0	6	0	0	2	0	4	16
40 Folic Anemia Def.	18	30	32	22	18	26	28	12	32	36	24	26	304
41 Iron Defeciency	0	2	0	10	6	4	8	16	14	8	10	14	92
42 Scabis	24	0	10	4	0	14	6	2	8	12	4	8	92
43 Piodermitis	24	4	8	16	2	4	8	0	4	2	4	10	86
44 Furoncle	0	0	4	2	2	0	4	10	0	2	8	14	46
45 Eczema	0	4	22	8	0	12	2	10	4	14	18	14	108
46 Otitis	14	14	10	8	6	6	8	16	12	10	14	22	140
47 Conjectivit	0	8	12	6	2	0	6	6	4	2	4	10	60
48 Osteomyelitis	0	0	2	0	0	2	0	0	0	0	2	4	10
49 Neuritis	16	40	10	28	4	0	0	2	4	2	0	10	116
50 Dehydration	0	0	32	36	0	0	4	0	2	0	2	6	82
51 Meningitis	0	0	0	2	0	0	0	2	0	2	0	4	10
52 Migrain	0	0	2	0	0	4	0	0	2	0	0	6	14

1st Jan., 1997

Annual Report of Humanity Health Center

No.	Name of Diseases	Month of the year 1.95	2.95	3.95	4.95	5.95	6.95	7.95	8.95	9.95	10.95	11.95	12.95	Total
53	D.N.V.	0	10	30	0	2	6	2	4	0	6	8	6	74
54	Periartitis	2	24	4	0	8	12	4	2	4	6	10	12	88
55	Varicose vein	0	0	0	4	0	2	0	4	0	2	2	4	18
56	Myalgia	10	8	28	0	0	8	12	4	8	10	14	22	124
57	Rhinitis	0	0	4	0	2	0	4	0	2	0	2	30	44
58	Rhinopharingitis	0	0	4	2	4	4	2	8	2	10	4	16	56
59	Non specific Diarrhea	0	0	4	4	10	4	8	12	10	6	6	14	78
60	Asthma Bronchitis	8	0	12	0	0	10	2	0	4	8	0	12	56
61	Rubilla Skin rush	0	4	8	4	0	0	2	0	0	2	0	8	28
62	Epelipsia	2	0	2	0	0	0	2	2	4	0	0	4	16
63	Pruritus Scrotatis	0	0	0	4	0	6	0	2	0	4	0	2	18
64	Urticaria	0	0	2	6	4	2	8	12	4	2	2	4	46
65	U.N.O.F.	0	32	0	6	12	10	8	6	14	12	8	10	118
66	Low back pain	0	10	8	10	6	8	10	4	12	16	14	16	114
67	Menopasal Syndrome	4	0	0	0	2	0	0	4	0	2	4	8	24
68	Avitaminoze	40	50	28	20	24	32	20	36	26	22	30	26	354
69	Pregnancy	0	6	8	0	10	4	0	0	6	8	16	26	84
70	Hypothraphy Throid	2	14	12	8	4	12	10	16	12	10	18	16	134
71	Tricophtiacutane	2	6	0	4	14	0	2	4	0	4	2	2	40
72	Fovus	0	0	4	0	0	2	0	0	4	0	0	2	12
73	Tetanows Neonatal	1	0	0	0	3	2	0	0	0	1	0	3	10
74	Rongcuteng Umblicus	0	0	4	0	1	0	2	0	3	2	1	3	16
75	Bre[illegible]	0	1	0	0	0	0	1	0	0	0	2	0	4
	Total	413	553	544	504	442	563	547	553	575	563	525	883	6665

1st Jan., 1997

Annual Report of Humanity Health Center

No.	Name of Diseases	Month of the year												Total
		1.96	2.96	3.96	4.96	5.96	6.96	7.96	8.96	9.96	10.96	11.96	12.96	
1	Malaria p.v.	31	39	31	17	18	63	53	51	44	13	33	25	418
2	Malaria PF	2	1	0	0	0	0	0	0	0	2	0	6	11
3	Amebiasis	11	9	17	12	26	30	24	22	25	8	16	22	222
4	Giardiasis	5	4	34	25	31	24	24	28	30	28	12	14	259
5	Tonsilitis	10	10	20	12	26	30	22	26	25	22	6	16	225
6	Cholecystitis	0	0	0	0	2	0	4	16	0	0	0	6	28
7	Hepatitis	0	0	0	2	4	2	4	4	2	4	2	10	34
8	Orchitis	4	0	2	0	0	2	0	0	2	8	8	4	30
9	Mastitis	0	0	2	0	2	2	0	0	2	0	6	10	24
10	Gastroentritis	12	32	0	24	29	18	28	26	24	12	8	14	227
11	Vaginitis	0	0	2	6	0	0	2	0	4	4	2	6	26
12	Vulvo vaginitis	2	0	0	0	2	4	0	0	4	6	0	4	22
13	Ascaredosis	12	0	4	0	8	0	12	2	24	12	6	10	90
14	Teania Saginata	2	4	2	0	0	2	0	4	0	2	2	6	24
15	T. H nana	0	0	4	0	0	0	4	0	0	2	2	8	20
16	Oxuriasis	24	10	24	8	6	14	10	4	2	12	10	14	138
17	Otitis	14	14	10	10	6	6	8	16	12	10	14	26	146
18	Rhumatism A.A	0	2	0	0	0	2	4	0	0	2	4	10	24
19	Rhumatoid A.	0	0	0	0	0	4	2	4	8	6	8	14	46
20	Mitral Stenosis	0	0	2	0	2	4	0	6	0	8	2	4	28
21	Mitral Insufficiency	0	2	0	0	0	2	4	0	0	2	4	2	16
22	Mitral Disease	0	0	2	0	0	0	0	4	0	0	2	0	8
23	Ichimic Heart Disease	0	0	0	2	2	0	0	0	2	0	0	2	8
24	Bronchitis	14	8	10	36	20	22	24	22	24	26	30	44	280
25	Gripp	0	30	36	16	20	28	24	20	18	14	12	34	252
26	Broncho Pneumania	14	8	10	36	26	22	24	22	20	24	26	40	272

1st December, 1997

Annual Report of Humanity Health Center

No.	Name of Diseases	Month of the year 1.97	2.97	3.97	4.97	5.97	6.97	7.97	8.97	9.97	10.97	11.97	12.97	Total
1	Malaria p.v.	36	49	11	27	28	83	56	56	64	23	23	0	456
2	Malaria PF	0	1	2	0	0	0	0	0	1	3	0	0	7
3	Amebiasis	21	9	18	16	16	40	24	28	26	18	26	0	242
4	Giardiasis	15	14	24	35	36	24	28	38	60	38	12	0	324
5	Tonsilitis	10	10	20	12	36	36	12	46	15	32	6	0	235
6	Cholecystitis	0	0	0	0	2	0	4	16	0	0	0	0	22
7	Hepatitis	0	0	0	3	6	2	8	14	7	7	2	0	49
8	Orchitis	4	0	3	0	0	4	0	1	5	18	0	0	35
9	Mastitis	0	0	2	0	2	2	0	0	2	0	2	0	10
10	Gastroentritis	16	42	0	26	39	28	38	46	33	18	8	0	294
11	Vaginitis	0	0	2	6	0	0	2	0	4	4	2	0	20
12	Vulvo vaginitis	2	0	0	0	2	3	0	0	5	8	0	0	20
13	Ascaredosis	12	16	14	2	18	0	22	12	24	23	6	0	149
14	Teania Saginata	6	4	8	0	10	2	6	14	0	3	4	0	57
15	T. H nana	0	0	4	0	0	0	4	0	0	3	1	0	12
16	Oxuriasis	26	18	34	18	26	24	12	14	13	19	12	0	216
17	Otitis	14	16	16	12	16	12	18	26	14	10	14	0	168
18	Rhumatism A.A	0	2	0	0	0	8	14	0	0	13	10	0	47
19	Rhumatoid A.	0	0	0	0	0	4	2	4	8	6	8	0	32
20	Mitral Stenosis	0	0	2	0	2	3	0	8	0	6	3	0	24
21	Mitral Insufficiency	0	1	0	0	0	3	6	0	0	1	4	0	15
22	Mitral Disease	0	0	2	0	0	0	0	4	0	0	2	0	8
23	Ichimic Heart Disease	0	0	0	1	2	0	0	0	2	0	0	0	5
24	Bronchitis	14	18	16	36	20	22	24	21	22	28	36	0	257
25	Gripp	0	30	36	16	20	28	24	20	28	16	18	0	236
26	Broncho Pneumania	14	8	16	36	26	24	14	28	10	26	16	0	218



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ANNOTATED LIST OF PUBLICATIONS

LIST OF DOCUMENTS

1979 - 1996

* Health Systems Development
* Organization and Management of Health Systems
* Analysis, Research and Assessment

8F3

20 May 1997

PUBLICATIONS AND DOCUMENTS

I. Publications and documents (available against payment)

1. **Approaches to planning and design of health care facilities in developing areas.** WHO offset pub.: Vol 3. 1979. No.45. 149pp. (E,F) ISBN 92.4.170045.9 (Stock No.1120045) Price: SFR 18; Vol.4. 1983. No 72. 322pp. (E.F.Ar) ISBN 92.4.170072.6 (No.1120072) SFR 25; Vol.5, 1985, No.91.106 pp. (E,F) ISBN 92.4.170091 2 (No.1120091) SFR 11 (30% reduction for developing countries)

Facilities in developing countries, if modelled on those of developed countries, may be highly unsuited to local conditions and needs. However excellent opportunities exist for innovative approaches in design and construction, as set out in these volumes; covering: management of building projects, line drawings and architectural plans, local construction materials and costs; analyses of common errors in design or planning, low-cost technology, engineering and maintenance services; minimum requirements for surgery; medical equipment; laboratories, in- and outpatient areas, radiology departments; staffing; small health care facilities, mobile and transportable ones, PHC, and health services management.

2. **Hospitals and the health care revolution**, by L.H.W. Paine & F. Siem Tjam. WHO, Geneva, 1988. 188 pp. (E,F,S) ISBN 92 4 156116 5. (Stock No. 1150304) SFR 20. (30% reduction for developing countries)

A lively and compelling account of some major events beginning to revolutionize health care; focusing on the place of hospitals and using numerous examples to illustrate how changing times and circumstances are altering the ways in which doctors relate to patients and hospitals treat their customers. Fascinating reading for anyone interested in seeing how mankind's desire for social equity, its hatred of injustice, and its wish to help the sick and disadvantaged are finding expression in a movement to which hospitals the world over are making a major contribution.

3. **The Challenge of Implementation: District Health Systems for Primary Health Care.** Document WHO/SHS/DHS/88.1/Rev.1. WHO, Geneva, 1988. 72 pp. Price: SFR 15. (30% reduction for developing countries)

A review of problems confronting the district and innovative and promising strategies developed to address them. There is a need to reorient, reorganize and strengthen district health systems and the district provides an excellent organizational framework within which to do so. At this level, policies, plans and realities can meet, and feasible solutions be developed, providing human and material resources are made available and sufficient authority delegated.

4. **Strengthening the performance of community health workers in primary health care.** WHO Study Group Report. WHO, Geneva, 1989. TRS No.780. 46 pp. (E,F,S) ISBN 92 4 120780 9. (Stock No. 1100780) Price: SFR 6. (30% reduction for developing countries)

Investigating the frequent failure of national health systems based on PHC to make effective use of CHWs and, noting that programmes using these workers have reached a crisis in many countries, assessing different national experiences in order to pinpoint weaknesses and mistakes, and define corrective action. Advice and recommendations are given on the need to strengthen the CHW performance through a better understanding of their role and need for formal support.

5. **Recurrent costs in the health sector. Problems and policy options in three countries.**, Eds: B. Abel-Smith and A. Creese. WHO/USAID. 1989. 165 pp. (E) Price: SFR 25.

Investigating problems relating to operating and maintenance costs of health development projects. Case studies profile problems of recurrent budget shortages, assess the feasibility of alternative funding and resource allocation strategies, and identify policy options pertinent to situations of financial shortages. The complexity of recurrent cost problems is revealed along with the multiplicity of micro and macro factors causing them and the severity of inefficiencies arising when governments cannot afford to keep their health services in working order.

6. **Spotlight on the cities. Improving urban health in developing countries**, by I. Tabibzadeh, A. Rossi-Espagnet & R. Maxwell. WHO, Geneva, 1989. iv+174 pp. (E,F,S) ISBN 92 4 156131. (Order No. 1150329). Price: SFR 30.

Challenging governments and health planners to address the needs of the poor living in the world's shanty towns and slums and calling for a radical reorientation of health priroties as the only way to deal with this growing urban crisis - the year 2000 will see an estimated 1 billion people living in urban squalor. Numerous case studies from around the world are used to illustrate both the magnitude of the problem and the options available for immediate action.

7. **Health system decentralization, concepts, issues and country experience.** Eds. J. Anne Mills, P. Vaughan, D.L. Smith, & I. Tabibzadeh. WHO, Geneva, 1990. 151 pp. ISBN 92 4 156137 8. Price: SFR 26.

A look at decentralization - a transfer of authority and responsibility from the central level of government to district and local levels, which are thereby strenghtened - and a review of experiences in a variety of countries, with experience of decentralizing health management, defining its different forms, and trying to clarify the often ambiguous terminology used. Some alternative approaches to decentralization that ministries of health may wish to consider are proposed.

8. **Community involvement in health development. An examination of the critical issues**, by Peter Oakley. WHO, Geneva, 1989. 73 pp. ISBN 92.4.156126.2. Price: SFR 16.

Community involvement, generally acknowledged to be essential to the development of health services has not yet been widely applied. This book discusses the main issues associated with its implementation with the intention of promoting a clearer understanding of the practice of CIH and fostering its adoption on a larger scale.

9. **Achieving Health for All by the Year 2000 Midway reports of country experiences.** E. Tarimo & A. Creese. Eds. WHO, Geneva, 1990. 262 pp. (E,F,S) ISBN 92.4.156.1327. Order no. 1150341. Price: SFR 46. In developing countries SFR 32.20.

Progress made, setbacks encountered, and lessons learnt, since the 1978, focusing on practical district level experiences and how the PHC approach has been adapted to individual circumstances. Stressing the need to develop and improve intersectoral cooperation, infrastructure, and out-reach programmes, to ensure effective decentralization, make better use of existing resources, improve information programmes and adopt strategies for health promotion. Of interest to health administrators and planners as they struggle to achieve the goal of health for all.

10. **Integrating maternal and child health services with primary health care. Practical considerations**, by R.H.Hart, M.A.Belsey & E.Tarimo. WHO, Geneva, 1990. 92 pp. (E,F,S) ISBN 92.4.1561386. Order no. 1150347. Price: SFR 16. Developing countries SFR 11.20.

Examining the aim of integration, possible obstacles and organizational problems and solutions, and emphasizing community self-reliance, use of community resources, and the need for continuous communication and cooperation between different health service levels and the health service and other development sectors, it is aimed at those responsible for health programme management at all levels. Also of value for staff training and as a guide to the analysis and evaluation of maternal and child health care services.

11. **Towards a healthy district. Organizing and managing district health systems based on Primary Health Care.** by E. Tarimo. WHO, Geneva, 1991. 105 pp. (C,E,F,S) ISBN 92.4.154.412.0. Order no. 1150353. Price: SFR 19. Developing countries SFR 13.30.

Concerning health services reorientation towards PHC, with the district as the key point, where national policies can be translated into community action. Though relatively little practical guidance is available on district health services organization and management for maximum efficiency and effectiveness an attempt is made to rectify this by describing practical ways of improving district health systems' management and considering each element of planning.

12. **The hospital in rural and urban districts.** WHO Study Group Report the Functions of Hospitals at the First Referral Level. TRS 819. WHO, Geneva, 1992. (E,F,R,S) ISBN 92 4 120819 8. Order no. 1100819. SFR 12. In developing countries SFR 8.40.

Covering responsibilities and specific tasks of the hospital in its district setting, eg. providing health care, training and hospital support services, it defines its relationship with the community, health centres and other district health system components and discusses management principles in the context of a national health programme, with emphasis on decentralization, planning, and the efficient use of human and financial resources. Concluding with recommendations for WHO-, government-, and hospital- action.

13. **The role of health centres in the development of urban health systems.** Study Group Report on Primary Health Care in Urban Areas. WHO,Geneva,1992. TRS 827. (E,F,S) ISBN 92 4 120827. Order no.1100827. Price: SFR 7. Developing countries SFR 4.90.

Assessing urban health centres, how far they achieve comprehensive population coverage in health promotion, prevention, treatment and rehabilitative elements of PHC, particularly for the urban poor; effective integration within district health systems; development of efficient referral between different levels of the system; extent of effective, horizontal linkage with

the local population, community groups and organizations; and the assurance of adequate resources for centres to be self-sustaining in the long-term without recourse to outside agencies.

14. **The evaluation of recent changes in the financing of health services.** Report of a WHO Study Group. TRS 829. WHO, Geneva, 1993. (E,F,S) ISBN 92 4 120829 5. Order no. 1100829. Price: SFR 10. In developing countries SFR 7.

Showing the variety and complexity of health care financing reforms and common trends that have emerged: liberalization, increased use of non-government sources of finance, and greater emphasis upon market mechanisms and incentives, to help structure health sector operations. These changes have radical implications varying according to the structure of a health system and the political viability of change. Some governments see user fees as the most promising source of extra funds, some, health insurance, some have experienced rapid privatization, and others have preferred market mechanisms to encourage greater efficiency in the public sector. However, there is no either/or choice Health care systems usually have different sources of finance, payment mechanisms, purchasers and providers co-exist. The challenge facing government is how to manage and coordinate these various structures.

15. **Screening in primary health care - setting priorities with limited resources,** by P.A. Braveman & E. Tarimo. WHO, Geneva, 1994. (C,E,F,S) ISBN 92 4 154473 2. Order no. 1150424. Price: SWF 30. In developing countries SFR 21.

Screening consumes resources, and health care policy-makers everywhere frequently have to make decisions on whether, when and how to introduce screening activities into routine health services - developing countries in particular are faced with difficult choices when trying to make best use of limited resources. This book concerns how screening fits into a service based on PHC, aiming to use resources in the most equitable, efficient and effective way; criteria to guide decision-makers; principles to be applied in planning and implementation; and application of the approach and options. The recommendations are not intended to be prescriptive but to stimulate policy-makers to develop locally appropriate guidelines that will improve health and facilitate access to preventive and curative services for the entire population.

16. **Cost analysis in primary health care. A training manual for programme managers.** Eds. A. Creese & D. Parker. Published by WHO in collaboration with the United Nations Children's Fund and the Aga Khan Foundation. WHO, Geneva, 1994. (E,F,S) ISBN 92 4 154470 8. Order no. 1150415. Price: SFR 25. In developing countries SFR 17.50.

A training manual explaining how cost analysis can be used to strengthen health programmes and improve decision-making, aimed primarily at programme managers at national, regional, and district levels. The three parts contain: an introduction to financial costs and the effectiveness of health services; and a discussion on several important uses of cost and cost-effectiveness data for planning and management; plus a set of exercises for use with the individual modules.

17. **Strengthening health management in districts and provinces. Handbook for Facilitators,** by A. Cassels & J. Janovsky. WHO, Geneva, 1995. 74 pp. (E) ISBN 92 4 154483 X. Order no. 1930027. Price: SWR. 20. In developing countries SFR 14.

Describing a process for strengthening health management, based on the working situation, needs and abilities of the staff concerned - a process extensively field-tested and revised in the light of practical experience. It is constructed around three workshops, at which members of the district health management team analyse their day-to-day problems in programme implementation and plan how to tackle them. The plans are then put into practice in the district, and achievements are reviewed at the subsequent workshop. The handbook provides a detailed guide to the scheduling of the workshops, topics to be covered and methods most likely to foster group participation. A set of model handouts for use by participants is included, together with notes for the workshop facilitators.

18. **Guidelines for rapid participatory appraisals to assess community health needs. A focus on health improvements for low-income urban and rural areas,** by H. Annett & S.B. Rifkin. Doc. WHO/SHS/DHS/95.8. 60 pp. Price: SFR 12.

To promote equity in health status and improve access to health care, there is an urgent need to strengthen health planning for disadvantaged areas. This requires an assessment of the health status and problems of deprived populations in order to determine priorities in health development and services. These guidelines offer health managers a rapid means of assessment, involving the beneficiaries in the process of defining and addressing their own health needs, based on the principles of equity, participation and multisectoral cooperation.

19. **Lessons from cost-recovery in health,** by A. Creese & J. Kutzin. Discussion Paper No.2. WHO/SHS/NHP/95.5. SFR12.

Covering the topics: why cost-recovery in health? its scale of implementation; the extent to which cost-recovery has raised revenues in health, and has improved efficiency and quality. Discussing the role of cost-recovery in ensuring that

Antithrombotic drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	acetylsalicylic acid	tablet,100mg				

1. Dermatological drugs

Antifungal drugs (topical)

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	benzoic acid+salicylic	ointment, 6% + 3 % acid miconazole ointment, 2% (nitrate)				
2	miconazole	ointment, 2% (nitrate)				

Antiinfective drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	methylrosanilinium	aqueous solution, 0.5% chloride tincture, 0.5% (gention violet)				
2	neomycin + bacitracin	ointment, 5 mg neomycin sulfate + 500 IU bacitracin zinc / g				
3	silver sulfadiazine	cream,1 % in 500-g container				

Anti inflammatory and antipruritic drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	betamethasone	ointment, 0.1% (as valerate)				
2	calamine lotion	lotion				

keratoplastic and keratolytic agents

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	coal tar	solution, topical 5%				
2	salicylic acid	solution, topical 5%				

Scabicides and pediculicides

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	benzyl benzoate	lotion , 25%				
2	zinc oxide	cream or ointment				

those who can afford to pay for care do so, that low efficacy services are provided at full cost where financed through the public sector, and that price signals facing consumers reinforce a rational allocation of health resources.

20. **Applying planned market logic to developing countries' health systems:** An initial exploration, by R. Saltman. Discussion Paper No.4. WHO/SHS/NHP/95.7. Price: SFR 12.

Following a definition of terms, this paper briefly reviews recent experience with planned market mechanisms in developed countries, particularly in Northern Europe, concluding by considerating the ways in which the conceptual framework utilized in recent developed country reforms might be applicable in a developing country context.

21. **Capacity building for health sector reform**, by S. Paul. Discussion Paper No.5. WHO/SHS/NHP/95.8. Price: SFR 12.

Outlining the concept of capacity building and discussing barriers to its building and utilization; how its needs should be assessed; when the demand side should be given special attention; whether capacity building for policy reform should be confined to government and its agencies; and how strategies for capacity building can be tailored to country needs. Major lessons learned by donors and countries are also presented.

22. **Integration of health care delivery.** WHO Study Group Report. TRS 861, 1996. ISBN 92 4 120861 9. 68 pp. Price: SFR 14.

Elaborates strategies and a plan of action for achieving an integrated delivery of health services, using the district health system as a model. The development of this system is put forward as a means of achieving greater access to care, increased participation, equity, and enhanced effectiveness, particularly in where a critical shortage of resources forces planners to seek new cost-effective solutions. The report covers advantages and disadvantages of vertical programmes and integrated health care services, with practical examples; trends and factors that have encouraged efforts to integrate health services, including democratization, decentralization of power, and increased emphasis on human rights; and a plan of action with long-range vision, political commitment, an appropriate legal framework, capacity building, the establishment of networks, and comprehensive quality assurance of services. Country experiences with such health systems are reported in an annex.

23. **Health policy and systems development. An agenda for research.** K. Janovsky, Ed. WHO, Geneva, 1996. (WHO document: WHO/SHS/NHP/96.1) 245 pp.

Identifying some of the most important issues in the development and reform of health policies and systems and providing an overview of research efforts to date, comments on the quality and reliability of available research and gaps in knowledge, and outlining research priorities. Topics covered include: health policy and systems research: issues, methods, priorities; priority setting in health; cost effectiveness; health needs assessment; financing; the public/private mix in health care systems; the role of the private sector in health financing and provision; decentralization; quality of health services; monitoring systems; the policy process; and an approach to policy analysis. The health policy research agenda is defined by national policy makers, international agencies and bilateral donors, at global and national level, and it is to these groups that this book is addressed.

24. **Public sector reform: downsizing, restructuring, improving performance**, by Mick Moore. Discussion Paper No.7 WHO/ARA/96.2. Price: SFR 12.

Providing an overview of health sector reform in developing countries, illustrating the range of choices available and some of the considerations that might influence them. Three main questions are addressed: What are the main ideas and doctrines about the organization of the public service? What has been the recent experience with public sector reform in developing countries? What conclusions can be drawn about the direction of public health sector reform?

25. **Towards an equity-oriented policy of decentralization in health systems under conditions of turbulence: the case of Zambia**, by Katele Kalumba. Discussion Paper No. 6. WHO/ARA/97.2. Price: SFR 12.

With regard to the recent widespread critical reappraisal of the determinants of health, patterns of ill health, nature and performance of existing health services, and the appropriate role of the state in health care, this paper takes a look at the issues from the perspective of Zambia. It is divided into the following three sections: a review of the influence of international trends and the local environment on the direction of Zambia's health policy; a discussion on the design and implementation of Zambia's 1991 health sector reforms; and intentions for future developments in the health system of Zambia.

Documents (available free of charge)

WHO/SHS/90.13	Primary Health Care towards the year 2000. Report of Consultative Committee on Primary Health Care, Geneva, 1990.
WHO/SHS/NHP/88.2	Improving Urban Health. A Programme for Action.
WHO/SHS/NHP/88.3	Guideline for country situation analysis on management, maintenance and repair of health care equipment, by A. Mallouppas et al.
SHS/DHS/91.6	Traditional Healers as Community Health Workers: a review of projects using traditional healers as community health workers.
SHS/NHP/91.2	Report of IR Meeting on the Public/Private Mix in National Health Systems and the Role of Ministries of Health. Hacienda, Cocoyoc, Mexico, 22-26 July 1991.
WHO/HRH/92.7	Towards the Assessment of Quality in Medical Education, by C. Boelen et al.
WHO/SHS/NHP/92.2	Hospital Economics and Financing in Developing Countries.
SHS/DHS/93.2	The Contemporary Use of Standards in Health Care by E.G. Heidemann.
WHO/HRH/1994	Making medical practice and education more relevant to people's needs: the contribution of the family doctor. Working paper of joint WHO-WONCA Conference, Ontario, Canada, 6-8 Nov 1994.
WHO/SHS/DHS/94.2	Measuring the Performance of Hospitals and Health Centres, by C. Montoya-Aguilar.
WHO/SHS/DHS/94.4	Annotated bibliograph on urban health systems 1980-1994.
WHO/SHS/DHS/94.5	Report of Working Group on Quality Assurance, 18-20 May 1994.
WHO/SHS/DHS/94.6	A review of determinants of hospital performance. WHO Hospital Advisory Group Mtg, April 1994.
WHO/SHS/DHS/94.9	Health Development Structures in District Health Systems: The Hidden Resources.
WHO/SHS/NHP/94.3	Social Health Insurance: a guidebook for planning - Charles Normand & Axel Weber.
WHO/SHS/NHP/94.4	Health Care on Small Islands - A review of the literature - J. Hotchkiss.
WHO/SHS/95.1	Sixth Consultative Committee on Organization of Health Systems based on PHC.
WHO/SHS/DHS/95.2	IR Meeting on the Role of Health Centres in District Health Systems, Surabaya, Indonesia, 28 November to 2 December 1994: Report.
WHO/SHS/DHS/95.6	Traditional Practitioners as Primary Health Care Workers.
WHO/SHS/DHS/95.8	Guidelines for rapid participatory appraisals to assess community health needs. A focus on health improvements for low-income urban and rural areas, by Hugh Annett & Susan B. Rifkin. (Priced doc.)
WHO/HRH/95.3	Priorities at the interface of health care, medical practice and medical education. Abbreviated report of the Global Conference on International Collaboration on Medical Education and Practice, 12-15 June 1994, Rockford, Illinois, USA.
WHO/HRH/95.4	Information management for improving relevance and efficiency in the health sector. Report of a consultlation convened by WHO, Sorrento, Italy, 21-25 March 1993. R. Neame / C. Boelen.
WHO/HRH/95.5	Developing protocols for change in medical education. Report of an informal consultation, Seattle, Washington, USA, 11-14 August 1992. C. Boelen et al.

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WHO/HRH/95.7 Defining and measuring the social accountability of medical schools. C Boelen / J E Heck.

WHO/HRH/NUR/95.2 Strengthening nursing and midwifery 1992-1995. A progress report.

WHO/SHS/NHP/95.2 Decentralization and Health Systems Change: A Framework for Analysis. (Rev. Doc., March 1995).

WHO/SHS/NHP/95.9 Interregional Consultation on Health Insurance Reform. Seoul, Korea, 3-7 April 1995.

HRH 1996 Strategies for change. Planning a community-oriented, cost-effective medical school. B. Salafsky & C. Boelen. Reprint of article in Education for Health, vol.9, no 3, 1996, pp. 307-318.

WHO/ARA/96.1 Equity in health and health care: a WHO/SIDA initiative.

WHO/HRH/96.1 Doctors for health. A WHO global strategy for changing medical education and medical practice for health for all.

WHO/HRH/96.4 New challenges for public health. Report of an Interregional Meeting, Geneva, 27-30 November 1995.

WHO/HRH/NUR/96.1 Global Advisory Group on Nursing and Midwifery. Report of the Fourth Meeting. Delhi, 12-14 December 1995.

WHO/SHS/96.2 From Health for Some to Health for All by Roy Carr Hill.

WHO/SHS/DHS/96.1 The Proper Function of Teaching Hospitals within Health Systems, by Daniel Puzin.

WHO/SHS/DHS/96.2 Applicability of different quality assurance methodologies in developing countries.

WHO/ARA/97.5 Health Systems Research - Does It Make a Difference? The Joint Health Systems Research Programme in Eastern and Southern Africa. Update 1996.

WHO/ARA/97.3 Guidelines for Health Care Equipment Donations.

WHO/SHS/NHP/96.2 Health financing reform. A framework for evaluation. Revised working document. By J. Kutzin.

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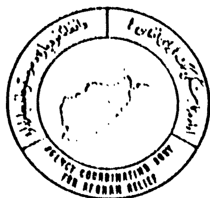
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AGENCY COORDINATING BODY FOR AFGHAN RELIEF

MINUTES
HEALTH SUB-COMMITTEE MEETING
14 January 1996

Chairman: Dr Isam Eldin Mirghani, ISRA

Minutes: Ahmad Javed.

Present: Azizullah Noor, SERVE/PH. Dr. Esmatullah, NAC. Lisa O Prois, Consultant GTZ-BEFARe. Waheeda Farouk, GTZ-BEFARe. Dr. Gulsher Abid, KRCS. Dr. Zamani, AMA. Sultan Hamid, SGAA. Dr Saadat, ICD.

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1 Approval of agenda and minutes of the last meeting
The agenda and minutes were approved.

2 Announcements
KRCS announced that their Neuro Surgery Department had reopened after a closure period of two years. They are equipped to perform general, eye, plastic and dental surgery. They also run and out patients clinic on Saturdays. Prof. Maulana Rahimi is the person in charge of the department.

3 Working Group
The Chairman briefed the meeting on the status of the Working Group and its objectives. The Working Group will address the problems in the refugee camps as UNHCR decided to rationalize their health services to the camps. Due to the poor participation of members at the previous two meetings, no progress has been made so far.

It was suggested that the Working Group item should remain on the agenda for future meetings. UNHCR and UNICEF were requested to attend the relevant meetings. It was also suggested that a representative from WHO should attend, this would not be very practical as they are situated in Islamabad.

UNHCR carries out distribution of Edible Oil for vulnerable groups in refugee camps. The target groups are lactating and pregnant mothers and children under 5 years. This project is being implemented through the NGOs with BHUs in the camps. GTZ-BEFARe are also interested in participating in the project.

There is some concern that the distribution of the Edible Oil is being delayed. KRCS reported that they submitted the required figures to UNHCR in November 1995. These figures are changing as time elapses.

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4 Presentation of Addiction Rehabilitation by ISRA

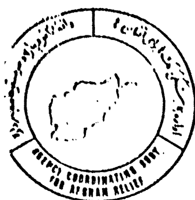
Dr Isam Eldin Mirghani from ISRA introduced his presentation and underlined the importance of the issue of Addiction. The addiction rate is tremendous. In Pakistan the number of addicts in 1980 was 100,000, this has now multiplied to more than three million. Being the second biggest poppy cultivating country in the world (after Burma), Afghanistan is of great significance. There is also an increasing number of addicts inside Afghanistan. It is becoming more apparent that addiction rehabilitation programmes are necessary. The drug awareness programme, mainly sponsored by UNDCP, is effective in reducing the demand for drugs and this should lead to a drop in production. (Details about the Addiction Rehabilitation Programmes are attached).

5 Any other business

ISRA suggested that the next meeting should discuss issues relevant to the current year.

NEXT MEETING

The next Meeting will be on **WEDNESDAY 7 FEBRUARY 1996 AT 10.00 am in ACBAR Conference room.**



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AGENCY COORDINATING BODY FOR AFGHAN RELIEF

MINUTES
HEALTH SUB-COMMITTEE MEETING
7 February 1996

Chairman: Dr Isam Eldin Mirghani, ISRA

Minutes: Liz Spencer, ACBAR

Present: N.A. Dupree, ARIC/ACBAR. Dr Mirza Jan, ISRA. Dr Ahmadullah Ahmadia, DACAAR. Aftab Jamal, DACAAR. Dr A M Saadat, ICD. Dr Esmatullah, NAC. Waheeda Farouk, BEFARe. Alexandra, MSF-HNI. Dr Reta, MML. Dr Sanaulhof, CRAA. Maliha Damish, UNDCP. Dr. Zamani, AMA. Azizullah Noor, SERVE. Dr Padshah Saleh, MSF-HNI. Rahmatullah, IRC-HERI.

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1 Approval of agenda and minutes of the last meeting
It was decided to alter the agenda as BEFARe had been out of the country and had little time to prepare their presentation. However Aftab Jamal, DACAAR and Alexandra, MSF-HNI wished to address the meeting and would speak in place of BEFARe. The minutes of the last meeting were approved.

2 Announcements
NAC have received approval to build a 20 bed hospital in Nuristan. they hope to start after Ramazan. They will be responsible for the running of this hospital until the end of 1998.

ICD voiced their concern about the increasing number of TB cases being detected in Afghanistan, following a survey report by WHO. He urged all NGOs to focus on this problem and try to include a TB Control Programme in the already functioning BHUs. The estimated cases of TB are 150 new case per year per 100,000 of the population. If there is an existing programme WHO will help with the supply of drugs. Education is also necessary for the control of TB from health workers to patients, family and community and should be included in Primary Health Care Programmes.

CRAA received a letter from the Ministry of Public Health in Afghanistan requesting assistance and the rehabilitation of the TB Control Centre in Jalalabad. copy attached.

MSF have been distributing bed nets at subsidized prices, increasing the price slightly each year. Due to the devaluation of the Afghani Rupee, they would have to increase their prices by a

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greater percent if they wish the programme to become self sustainable but this would make the bed nets too expensive.
AMA will give them any advice they can from the experience gained from 4 clinics.

3 DACAAR
DACAAR are in the process of setting up a Health Education Programme to run alongside their existing programmes. They would target mainly women and children in Afghanistan and want to make their programme as comprehensive as possible. They would appreciate any advice/ideas from other NGOs in this field and want to coordinate with them to prevent any overlapping of programmes. Several members offered to assist, Aftab Jamal will contact them. Nancy Dupree, ARIC/ACBAR requested that care be taken that the messages being given to men and women be consistent.

MSF-HNI
Alexandra from MSF-HNI brought to the attention of the meeting that IIRO had, without warning, closed 9 clinics in Nangarhar, Laghman and Kunar, leaving several villages with the risk of losing their healthcare facilities. The clinics wer well maintained and running successfully.
So far UNICEF and WHO have agreed to assist the clinics with medicines, equipment and training. However there is an urgent need of asistance with salaries of staff and management in these clinics.
Doctors and other staff of the clinics have already agreed to continue working on reduced salaries.
MSF-HNI are looking into possible ways of making these clinics self sustainable i.e. community based cooperatives. They are looking for advice from NGOs who have clinics running on this basis as well as financial assistance to ensure they do not have to close before another solution can be found. Details of the concernd clinics is attached.

IIRO and UNICEF have agreed to support the EPI programme until the end of 1996.

4 Election of new Chairperson
The Chairman, is leaving Pakistan to return to his native Sudan and requested that we elect a new Chairperson. It was decided to postpone the election until the next meeting, to enable all members of the committee to participate and nominate candidates.

We thank the Chairman for all of his hard work on the committee and wish him well in the future.

5 Any other business.
The working group hope to give a report at the next meeting.

There was no other business, the meeting closed.

Next meeting will be **Wednesday 6 March, 1996, 10.00 am, ACBAR Conference Room.**

12. Diagnostic agents

Radiocontrast media

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	amidotrizoate	injection, 140 mg iodine(as sodium or meglumine salts)/ml in 20-ml ampoule				
2	barium sulfate	aqueous suspension				

13. Disinfectants and antiseptics

Antiseptics

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	chlorhexidine	solution, 5% (digluconate) for dilution				
2	hydrogen peroxide	solution,3%				
3	polyvidone iodine	solution, containing 0.5% and 1% iodine				
4	methylated spirit	containing 5% methyl alcohol and 95% ethyl alcohol				

Disinfectants

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	calcium hypochlorite	(70% available chlorine) for solution				

14. Diuretics

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	furosemide	tablet, 40 mg injection,20mg/ml in 2ml ampoul				
2	hydrochlorothiazide	tablet, 25mg ,50 mg				
3	mannitol	injectable solution, 10%, 20%				

15.Gastrointestinal drugs

Antacids and other antiulcer drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	aluminium hydroxide+ magnesium hydroxide	tablet, 500mg				
2	ranitidine	tablet, 150mg, 300mg				

Antiemetic drugs

S N	DRUG	Description	REGIONAL HOSPITAL	PROVINCIAL HOSPITAL	C1	C2
1	metoclopramide	tablet, 10mg (as hydrochloride)				

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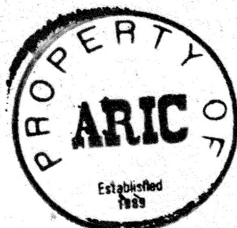
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